

T R E A T I S E

O N

C A N C E R S,

WITH AN ACCOUNT OF

A New and Successful Method of
O P E R A T I N G,

PARTICULARLY IN

CANCERS of the BREAST or TESTIS,

BY WHICH THE

SUFFERINGS of the PATIENT are considerably diminished, the
CURE greatly accelerated, and DEFORMITY prevented,

B Y

H E N R Y F E A R O N,

SURGEON TO THE SURREY DISPENSARY.

*Est quodam prodire tenus, si non datur ultra.*

H O R.

L O N D O N :

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M D C C L X X X V I.



T O
THE RIGHT HONOURABLE
THE PRESIDENT,
VICE PRÉSIDENTS AND GOVERNORS
OF THE
SURREY DISPENSARY,
TO WHOSE BENEVOLENCE IN SUPPORTING
A MOST USEFUL CHARITY,

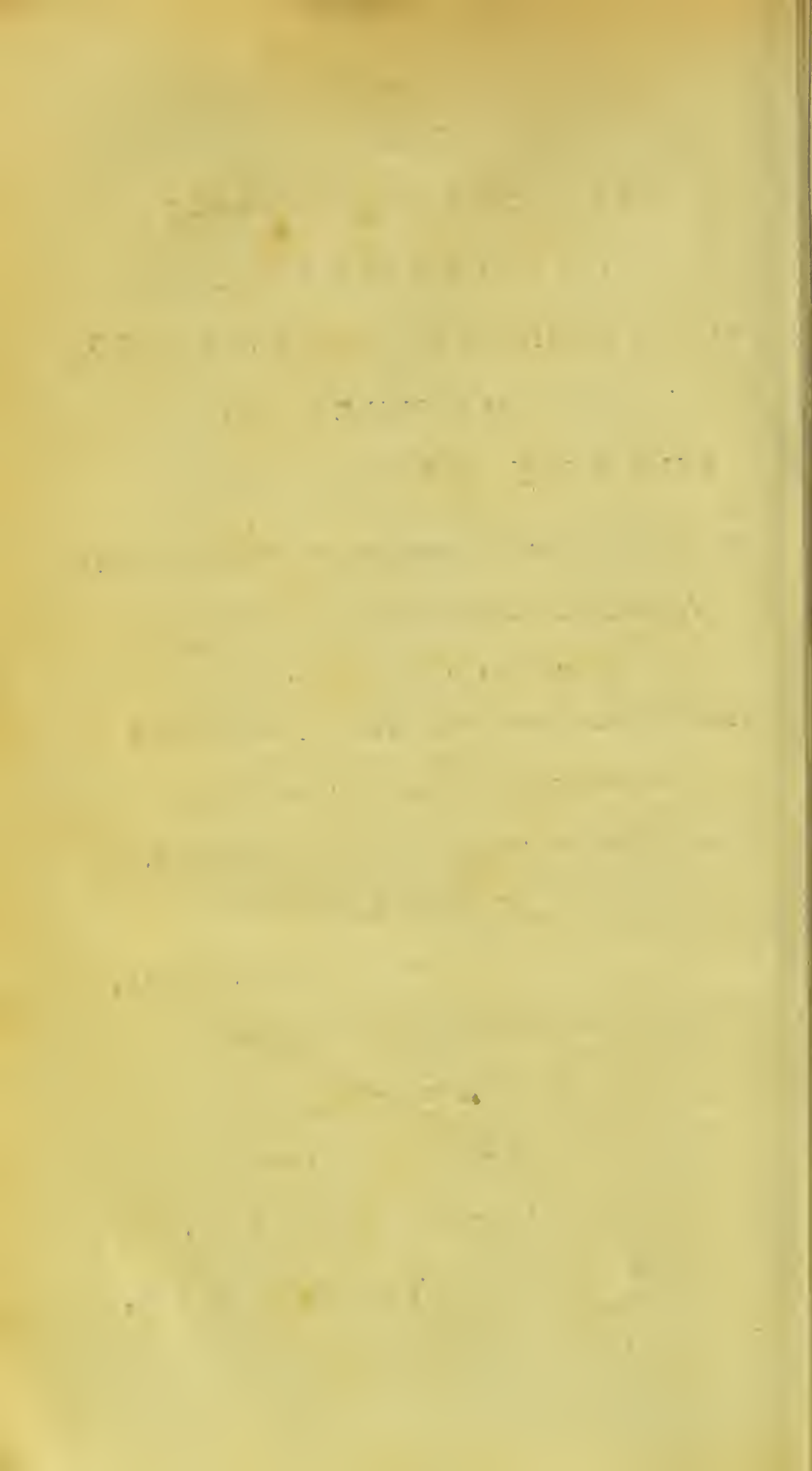
HE IS INDEBTED
FOR A VERY EXTENSIVE FIELD OF EXPERIENCE
IN THE CULTIVATION OF A SCIENCE,
TO WHICH HE IS MOST SINCERELY DEVOTED,

THESE,
THE FIRST FRUITS OF HIS LABOURS THEREIN,
ARE MOST RESPECTFULLY INSCRIBED,

B Y
THEIR MOST OBEDIENT,
HUMBLE SERVANT,

EARL-STREET,
CHATHAM-PLACE,
June 20, 1786.

THE AUTHOR.



P R E F A C E

TO THE

S E C O N D E D I T I O N .

THE very favourable reception the first Edition of this Pamphlet met with from the Public, and the numerous demands which have been made for a second, have induced me to present it to the Public in a state, still, I fear, imperfect, and very far short of that to which it is my ardent wish to be able to bring it. However, I hope it will be found to possess very considerable additions and improvements, and I acknowledge it may admit of many more, which the duties of a professional

professional appointment, together with private practice, have not given me leisure to make. I must therefore crave a generous indulgence to numerous defects, in hopes that time and experience will enable me, in a future edition, to give a more full, clear, and satisfactory account of cancerous complaints, than can yet be expected from eight years practice, in the following method of operating.

I have the very pleasing satisfaction of learning by letters from different parts of the kingdom, that the new method of operating I have recommended is coming into general use in the country, as well as in the metropolis ; and is found fully to merit every thing that has been advanced in its favour, as will appear from some of the additional cases in this edition.

Exclusive

Exclusive of other advantages it possesses, there is a strong presumption that the disease is not so apt to break out or return again, when the parts have been united by the first intention, as when the operation has been performed in the old way.

I hope it will not be imputed to vanity, but to that happiness and just pride arising from being thought useful in my professional line, if I mention that one of the greatest practitioners in London being present when I operated on a Lady's breast, was pleased to pay me the compliment, of saying that he looked on the improvement I had introduced, in regard to the sufferings of the patient, to be the greatest that had been made in the practice of Surgery for these fifty years past.

The practitioner, to whom I allude,
is

is Mr. Sharpe, whose eminence and abilities are too well known to require either praise or comment.

Since the first edition of this Pamphlet, I have operated on three patients, in every one of whom, the disease had returned some months after the operation had been performed in the *old* way, by the most eminent Surgeons in town. The parts in the latter operations were speedily healed by the first intention, since which there has been no appearance of a return of the complaint.

From these (to which many other cases might be added, were it my design to avail myself of them, in order to encrease the size of this pamphlet,) I hope it will appear pretty evident, that the practice of keeping the wound open, as a drain to carry acrimony,
morbid

morbid or cancerous matter out of the constitution, has been detrimental to many, and results from an absurd fanciful theory, which being unsupported by facts or experience should be exploded, and the simple rational method I have described, possessing advantages so very superior, introduced in its stead.

That time will bring the method I have published into general use, I have not a doubt, though like every other improvement, there may be some found to start objections and oppose it, from the same illiberal motives that generally produce an opposition to any thing new or improved. But I leave it to stand or fall according to its merits, when general experience shall be able to pronounce clear and sound judgment. Should another discover a bet-

ter method, I hope a regard to the sufferings of our fellow-creatures will induce him to publish it. Envy shall not make me his opponent, nor rob him of my esteem and tribute of praise. Till the grand *desideratum* in cancerous complaints, namely, a remedy that will render operation unnecessary, be discovered, it is our duty to try every method tending to render the operation more easy and effectual. Every individual therefore of my profession I beg leave to address in the words of a much admired author,

“ ————— *Si quid novisti rectius istis,*
 “ *Candidus imperti ; si non, his utere mecum.*”

Introduction.

THERE is no disease to which human nature is subject, confessedly, more beyond the reach of internal medicines, or more justly intitled to be termed *opprobrium medicorum*, than that dreadful complaint, a *Cancer*. Every thing hitherto attempted, by the most eminent Physicians of all countries, has been found ineffectual ; so that the liberal, candid, and best informed part of the profession, readily acknowledge, they know nothing within the extensive bounds of medicine, any way to be relied on to effect a cure. Of this candid confession, illiterate

Quacks and bold Empirics have ever been ready to take advantage ; whose specious promises have induced many unwary sufferers to have recourse to them, whom they insensibly intice with the hopes of a radical cure, telling them it requires *time*, during which *time* they only protract the disease, often torturing the patient with caustics or escharotics, till matters become so desperate, that little or no hope can be entertained even from the operation, which, had it been performed in time, might have proved effectual. Their patients, then, too late, are convinced of their error, when resignation to their approaching fate, is the principal alleviation their sufferings admit of.

THE idea that cancer does not admit of a radical cure, has undoubtedly been carried to too great extent, and has proved fatal to many labouring under that complaint. Writers of eminence are too often implicitly believed in every thing they advance, to the detriment of science as well as of mankind. It is with all due deference to this established eminence, and at the same time with some reluctance

reluctance, that I humbly presume to question or doubt the authority of men of such high repute in the literary world, as the late Dr. Monro, Le Dran, Sharpe, and other authors of note, who have spoken of this disease, in such discouraging terms, as tend only to increase the miseries of the unhappy sufferers, by depriving them of their last resource, hope ; as well as of every chance of preserving or even prolonging life. For by representing it as an incurable disease, (I mean by any internal medicines hitherto tried) and very subject to return after the operation, numbers afflicted with it have too soon given way to despair, and thereby lost every chance of a cure, by a timely excision of the diseased part.

So far therefore as humanity, reason, and truth support me, I hope I shall stand excused in differing, both in opinion and practice, from the very respectable authorities above mentioned, without entering too far into a medical dissertation on the nature of cancer, which might be thought a deviation from the line of a practical Surgeon.

ALL

ALL that has been advanced on this subject, with such abundant ingenuity, requiring any answer or refutation, may I believe, be briefly comprised in two *propositions* or *assertions*; First, “ That a real cancer does
 “ not admit of a radical cure ; or more properly speaking, we are unacquainted with
 “ any internal medicine, or topical application to be relied on in the cure of a cancer.” Secondly, “ That the disease is very apt to
 “ return after excision.” These two assertions are intimately related or connected to each other.

IN answer I would observe, that having granted the first, it does not follow that the operation should be rejected as useless and uncertain.

To the second I answer, that the greater number of patients have no return of the disease after the part affected has been carefully dissected away. This is clearly proved by the cases published by Mr. Hill, of Dumfries, in 1782 ; and I am fully persuaded, if the operation were timely performed, in the
 manner

manner I intend to explain and recommend, a still smaller number would be troubled with the return of the disease. Even as the operation has hitherto been performed, it is often the only alternative left, which the melancholy patient looks on, as a means only to prolong existence a while, but not sufficient to eradicate the disease: yet under all these disadvantageous circumstances, it *generally* proves successful, and answers the purposes of a radical cure. For notwithstanding the disposition to cancer, the person who submits to the operation in time, *may* live afterwards to old age, or die of a different disease, without the least return of cancer, unless some exciting cause occur to produce it.

WHATEVER, therefore, tends to mitigate the pangs of our fellow creatures, unremittingly tortured with this dreadful disease, cannot be thought unworthy public attention: and if, not only to mitigate their sufferings, but to remove them entirely, can by experience be proved practicable, by an operation much less terrible to the patient than that hitherto practised, and which generally
 answers

answers the purposes of a radical cure; it would be wrong in me to remain silent on a subject so very important, in which great numbers of the human race are so deeply interested. For highly enlightened as the present age is, yet the most eminent practitioners readily admit, that there is still ample room for further improvement, in surgical operations. Though the modern improvements are very numerous and surprisingly great, we ought by no means vainly to suppose, that all or even the greater number of the principal operations, are brought to the summit of perfection. One of the most eminent Surgeons of this country, I may venture to say of the present age, both as an author and operator, acknowledges this. It scarcely needs mention, that I mean Mr. Pott, who in the Preface to his Treatise on Ruptures says, “ I would by no means be supposed to think, that there is not large room left for the industry both of us and our successors, some of the operative parts of the art are still capable of improvement, and the treatment of some diseases might certainly be altered for the better.”

THERE

THERE are few diseases, I believe, that require an alteration and improvement, in the general method of treatment, more than scirrhus and cancer of the breast or testis.

IN these complaints, though the operation be the only alternative to which the patients must have recourse in order to preserve life, yet it requires a greater degree of resolution than most of them can readily summon up, to submit to it. The certainty of very severe and acute pain during the operation, as well as of that which must naturally follow it, the fear of a great effusion of blood, the uncertainty of success, the long confinement, and, in many cases, mutilation and deformity, are difficulties of considerable magnitude, and not easily surmounted. Whatever tends to lessen all these difficulties, will, I doubt not, be deemed of the highest moment. What I have to offer, if received with candor, will, I hope, be found not unworthy attention, being the result of observation and experience;

THE method of operating, which it is the principal design of this treatise to recommend, on account of the great and uncommon advantages it possesses, and the wonderful effects, I may in strict truth say I have seen result from it, consists in dissecting away all the diseased part of the breast or testis, thro' one simple longitudinal incision, large enough to admit of the perfect removal of all the diseased part or parts, and then bringing the edges of the wound into contact, and retaining them in that situation by slips of sticking plaister, ligature, or both if necessary, till they unite by what is called the First Intention, which they generally do in a few days, without ever forming suppuration. The whole of this operation I shall more fully and distinctly describe and explain in its proper place.

HERE I beg permission to mention the reasons that have got the better of that diffidence, which otherwise might have restrained me from ever venturing into the world as an author, for which undertaking I feel
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and confess myself not possessed of adequate abilities.

It is more than three years since I gave a very concise sketch of the success of this method of operating, in a letter to Dr. Simmons, the Editor of a very useful periodical publication, called *The Medical Journal*, who accordingly mentioned it in the first subsequent publication of that sort. The method of operating becoming somewhat public through that channel, I have since had the pleasing satisfaction of finding it pretty much adopted in the hospitals, as well as in private practice, especially in the removal of the scirrhus or cancerous testicle; but not so much in that of the breast, and in neither to that extent, which I am confident it really deserves. I should therefore think myself exceedingly blameable to suffer diffidence, or an improper delicacy, to prevent me from making as public as possible, a method of operating and subsequent treatment, which on experience I have found attended with advantages, far exceeding the

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most

most favourable expectations I could (*a priori*) entertain. I only wish this method may be received with candour, and adopted in proportion to its superior advantages and general utility ; and I hope it will soon become universal, and the principles on which it is founded, extended to many other operations in surgery, besides those two on the breast and testis. Should it tend, even in the smallest degree, to raise the reputation of, or be thought in any measure an acquisition to a professional art, truly great and noble in respect to its objects, viz. the relief of our fellow creatures, labouring under the pains and miseries attending disease, the preservation of life and health ; it will afford me inexpressible happiness. Let me, however, not be misunderstood, for I confess my inability to bestow, what can very sensibly increase the general fund ; yet I hope the contribution of a mite will not be rejected, when it proceeds from a principle, which it is the duty of every practitioner to have in view, happily expressed by a great poet in two words :

MISERIS SUCCURERE.

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THE circumstance which led to the discovery of this method of operating may not be unworthy the reader's attention.

IN the year 1778, Dr. John Sims, a very skilful Physician, advised a patient under his care, to have the operation for the trichiasis, or inversion of the under eye-lash, performed, who consented, and applied to me for that purpose. The flaccidity and redundance of the skin of the under eye-lid were so great, that I was obliged to cut away a very large portion, in order sufficiently to retract the under cilia, and effectually turn the hairs outward, so that they might not in future irritate the eye. Having removed a sufficient quantity, near an inch in the middle or broadest part, I was extremely careful to bring the opposite edges evenly and perfectly into contact, and to retain them in that situation by slips of adhesive plaister, and a proper bandage. As I had taken very great pains in applying the dressings, and the patient continued perfectly easy, I did not attempt to remove them for three days. On the

the removal, I was exceedingly pleased to find, that a perfect union of the edges from one end to the other had taken place, agreeably to my intention and wishes. There was a small serous discharge, but nothing like pus or digested matter; and the secondary union was completed in a few days.

THE foregoing case made a strong impression on my mind, from it I inferred, that the principle might be applied in other operations to very great advantage, and resolved to practise it the very first opportunity. Soon after I had occasion to remove a diseased testicle, very much enlarged. I was anxious to make the experiment, and accordingly, instead of following the usual method of filling the *void space*, or cavity from whence the testicle was taken, with dry lint, I brought the edges of the incised wound perfectly into contact, and retained them in that situation. The event greatly exceeded my most favourable expectations; for though in this case there was a considerable cavity, and consequently a great quantity

tity of loose integuments, yet by carefully bringing all the parts into contact, laying aside the interposition of dry lint, or any extraneous body, a perfect union throughout the whole took place, as in the forementioned case. The success attending both these cases made me resolve to carry the principle still farther, by applying it in the amputation of the breast. I embraced the first opportunity that offered, and the event proved equally successful. The patient was only two days confined to her room, and the wound perfectly healed in ten days. My very worthy and ingenious friend, Mr. Babington, of Guy's Hospital, did me the favour to assist at several operations performed in this way, the uncommon success attending which being spoken of, I was requested by Dr. Skeete, President of the Physical Society, to give an account of it to the Society, which I accordingly did, in a very short paper, several months before it appeared in the Medical Journal. The method of operating being now pretty generally known, by the paper read to that Society, by the account of it
given

given in the Medical Journal, and by the relation of the patients themselves, it has ever since been gaining ground, both in public, and private practice.



OBSER-

OBSERVATIONS
ON
CANCERS.

THE ancients gave the name scirrhus, to any tumor that would not admit of dissolution; the moderns, with greater accuracy, term those only scirrhous tumors, that will not admit of suppuration, and bear an affinity to cancer; and, therefore, have divided cancers into two kinds, viz. occult and open; thereby fully to comprehend all various sorts, unnecessarily subdivided by some writers, and mentioned by different technical
D appella-

appellations. Though I approve of this distinction, into occult and open, as sufficiently comprehensive, yet I would not be thought to assert, that this disease does not, at different periods, assume very different appearances. There are few diseases more subject to variety, both in respect to appearance, and the changes it undergoes from time to time.

It generally commences by a simple enlargement, or induration of some glandular part, at first moveable and free from pain, without any inequality, apparent inflammation, or change of colour in the integuments. In some the disease continues in this mild state for years, without pain, inconvenience, or any visible alteration. In others, its progress is very rapid; soon after its first appearance it increases in size, becomes unequal and knotty, attended with a dull heavy pain, especially on being handled; the pain increases with the disease, and becomes lancinating and darting; the veins about the part become varicous; the skin becomes wrinkled or puckered up in some parts of the tumor; in others, inflamed and smooth; the

the latter appearances soon terminating in what is called the open or ulcerated cancer, attended with the following symptoms :

THE ulcer is foul, stinking, spreading, with hard uneven edges; from whence fungus sprouts out, of a raspberry or cauliflower appearance, subject to frequent hemorrhage. The discharge for the most part, is a thin, gleety, acrid, foetid, dark coloured ichor, and the patient complains of an incessant, intolerably excruciating, burning pain, all over the parts affected. The neighbouring skin seems partially contracted with the appearance of folds or wrinkles, as if produced by a hot iron having been held near it.

THESE are the general and most characteristic symptoms of cancer, to which several others might be added, but I fear without advantage, as they would render the description less distinct.

IN the preceding description, I have considered cancer as affecting a glandular part only : but it is necessary to observe, that

every part of the body is subject to cancer, which (except in glandular parts) may at first appear somewhat like a superficial ulcer, without any previous scirrhus tumor. Such cancers, however, are generally preceded by some crusty, scabby, horny, or wart-like appearance of the part.

THE observations already given, with others I shall add, require minute and particular attention, as they serve, not only as the best means of characterising the disease, but likewise afford some foundation for forming judgment of what is proper to be done, and what degree of success may likewise attend the mode of treatment to be adopted; it being my intention on this head, to enable young practitioners to distinguish cancers from other complaints, and *vice versa*.

BUT as cancers of the breast and testis are by much the most frequent and important, and as the operations I shall describe are more applicable to these parts, what I have here to offer, shall be chiefly directed to distinguish

guish other diseases, to which these parts are subject, from cancer, premising only a general observation or two.

CANCERS in any other part of the body, are easily distinguished from the various kinds of encysted tumors; from that species called wen; and even from scrophulous glands. Cold, indolent, tumified, scrophulous glands, are not liable to be mistaken for cancers; and in the inflamed scrophulous gland, as well as in phlegmonic tumors, the symptoms or appearances are still more different: the skin is not uneven as in cancer, nor the veins varicous. When the inflammation runs high in these complaints, the symptomatic fever keeps pace with it, the pulse is full and hard, as in other inflammatory complaints, and, at length, matter is formed in the part, perceptible to the touch, but not attended with that degree of pain which accompanies cancer. In the latter, when excessive pain quickens the pulse, it is at the same time low, as in hectic fever. But as I have just mentioned, that my observations here are principally directed to cancers of
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the breast and testis, I shall endeavour to give the best information I can, concerning the difference between cancerous affections of these parts, and other diseases to which they are subject.

First of the Breast.

BESIDES the occult and open cancer, there are three other complaints to which it is subject.

FIRST. A scrophulous induration and enlargement.

SECOND. The milk breast, or milk abscess.

THIRD. An induration, or scirrhus from external injury.

THE first, or scrophulous induration and enlargement, is easily distinguished from a cancerous affection of the part, by its not being attended with pain or uneasiness, even
when

when greatly enlarged. If it tends to suppurate, it has not that craggy feel and unevenness of skin, peculiar to cancer ready to burst; and when it suppurates, discharges good pus, which cancer never does. Neither do these scrophulous tumors, at any period produce painful indurations in the glands of the axilla; but are often found to yield to cicuta internally and saturnine applications.

THE second, or milk breast, in its progress and termination, either by dispersion or suppuration, is so very like that of any other phlegmonic tumor, that there can be very little difficulty in distinguishing it from cancer.

I HAVE neither seen nor known an instance of a milk breast turning to a cancer, and cannot help thinking all apprehensions of that nature very groundless. It is not my intention to assert, that a breast that has been, or is affected with a milk abscess, can never become cancerous; I only intend to give it as my humble opinion, that a milk abscess
never

never is the immediate cause of, nor degenerates into cancer.

THE third or last complaint affecting this part, viz. an induration or scirrhus, from external injury, requires the most careful attention. We are not possessed of any means of knowing, nor can we assert, that an induration so occasioned will not terminate in cancer, if it does not yield to the proper treatment, in order to disperse it. Of such induration or scirrhus, it can only be said, it is rather a favorable circumstance, that it was occasioned by external injury, and a sort of presumption, that it will not terminate in cancer: and when such induration or scirrhus immediately succeeds the external injury, it is a more favorable circumstance than when it attacks the part some considerable time after. But in either case, it may remain quiet and inoffensive for several years; or it may quickly become dangerous and alarming, attended with all the characteristic symptoms of cancer already mentioned; in such case, there can be little doubt of its being

being a real cancer, and that the external injury was the exciting cause, without the occurrence of which, the person might possibly have passed through life without any appearance of the disease: it is, therefore, very necessary to be guarded in our prognosis concerning an induration or scirrhus thus occasioned. What has been said concerning external injury producing cancer in the breast, is equally applicable to the testis, of which there are some diseases that require to be briefly mentioned and distinguished from cancer.

FIRST, The hernia humoralis.

SECOND, The hydrocele.

THIRD, The venereal farcocele, or enlargement and induration of the testicle and epididymis.

FOURTH. The scrophulous testicle.

THE first, or hernia humoralis, is attended with inflammation, pain, heat, and

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most commonly fever ; the whole body of the testicle, as well as the epididymis, becoming enlarged. By evacuation, rest, proper topical applications, and observing the antiphlogistic plan, the symptoms soon subside, and the testicle gradually recovers its usual size and smooth feel.

THE second, or hydrocele, is a collection of water in the tunica vaginalis ; the fluctuation of which, when any way considerable in quantity, may be felt very distinctly, or it may be seen by holding the testicle between the eye and a strong light : this collection of water produces no morbid change in the structure, either of the testis or epididymis, and is not attended with pain.

THE third, or venereal sarcocoele, is always attended with other venereal symptoms or appearances in some part or other of the body, sufficient to characterize and distinguish it from a true scirrhus.

BUT the fourth, or scrophulous testicle, is often confounded with the cancerous,
even

even by the most approved writers and practitioners, from their not attending to this single circumstance, viz. that the parts in the course of absorption are not affected by scrophula, but in cancer they always become affected in time. In the cancerous testicle the spermatic chord becomes enlarged, indurated and knotty, but never in the scrophulous.

These ought to be accurately distinguished, as I have my doubts with respect to the propriety of removing a scrophulous testicle.

But whoever wishes to be more fully informed concerning diseases of the testicle, may be highly gratified and instructed by the perusal of Mr. Pott's excellent Treatise on the Hydrocele, especially the twelfth section, to which I refer him.

Of the Causes of Cancer.

THE cause of Cancer is generally considered to be an obstruction of the humors in the glands or glandular parts, in the lymphatics or lactiferous tubes of the mammæ,

or in the capillary tubes, which having become impervious, adhere together.

THIS state is produced either from internal or external causes. External causes very seldom produce cancer; but it frequently happens from their combination.

WE may easily conceive, how single glands become frequently affected, without any evident external cause intervening; for the circulation in the glands being carried on by a set of vessels much more minute, than those with which other parts of the body are supplied, obstructions will more easily occur in them than in other parts, and being once obstructed, the stimulus and irritation consequent thereon may produce cancer. This is the most generally received opinion concerning the cause of cancer, and though much has been said on the subject, it is certainly not well understood, as very little useful practical knowledge (if any) has been derived from any or all of the speculative opinions respecting the causes of this disease.

Of

*Of the Parts of the Body and the Periods
of Life most subject to Cancer.*

OBSERVATION and experience sufficiently inform us, that some parts of the body are more subject to this disease than others. The parts that distinguish the sexes, and all other glandular parts, both external and internal in both sexes, are more subject to it than any other part.

WOMEN are more subject to it than men ; whether, on account of their constitutions being weaker, or because the parts distinguishing them from our sex, viz. the breasts, uterus, &c. are more extensive, or on account of the changes that their constitution undergoes, which renders it unfit for generation, I cannot take upon me to give an opinion. The nose, eye-brows, chin, and other parts of the face, as well as the lips, are more subject to it than other parts
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of the body. The viscera in general are subject to it, even the stomach, and intestines, of which I have instances in my possession; particularly that of the stomach, of which Dr. Sims gives an account, in the first vol. of the Medical Communications. In that collection I have given a case of an ossified kidney, which suggests this question: viz. May we attempt the removal of a diseased kidney, affected with scirrhus, or any other disease that must in time prove mortal?

IN that case the tumor was so externally prominent and circumscribed that it might have been removed without making any opening into the cavity of the abdomen. It appeared to me likewise, on the removal of it after death, that the vessels might have been secured in the same manner as we pass a ligature round a polypus of the uterus, &c.

WHEN a calculus in the pelvis of the kidney becomes large, points externally, and leaves us no room to doubt of the nature of the complaint, I think we ought by all means to cut upon and extract it, rather than
suffer

suffer our patient to drag on a miserable existence, without giving him a chance for his life.—And whoever considers attentively the nature and functions of the kidney, will scarcely deny, that calculi are almost as liable to form in its pelvis as in the urinary bladder.

FROM thirty to forty years of age, and upwards, is called the cancerous period. But there are instances of the complaint occurring at a much earlier period. I never saw a more perfect cancer, than in the lip of a young lady of sixteen; of which two surgeons of the first eminence were fully convinced. I saw another case of a young lady not twenty, who died hectic, from a scirrhus of the cervix uteri, (discovered on opening the body) which before her death, had been accompanied with the symptoms of a stone in the bladder; on the supposition of which, she had been twice examined with the sound.

WHETHER is cancer a disease of the system, or a topical complaint only?

THIS

THIS is a question of the greatest importance ; the principal, perhaps the only question, necessary to be most attentively and minutely considered and discussed, and, if possible, decided ; in order to place the practice on a more clear and certain foundation. But this grand *desideratum* is not likely soon to be obtained. There are authors of eminence on both sides, and their opinions flat contradictions to each other ; so that from what has been said on this important question, we are *almost* as much in the dark concerning it, as we are concerning the nature and cause of cancer.

For if it be once established, that cancers are originally local affections only, no reasonable objection can then be made to their extirpation, as at present there is by many, who contend, that cancers always proceed originally from some disorder in the general system, and consequently that their removal will only cause the disorder to break out again in the same or some other part of the body with additional violence.

THE medical part of the profession have been too much disposed to consider it a disease of the system ; while chirurgical authors have been equally inclined to consider it as a local complaint only. The late Dr. Monro was of the former opinion ; and has given a dreadful and discouraging account of near sixty cancers, at the extirpation of which he was present ; and thence argues against the extirpation of any, except those of the occult kind, in young people, in other respects healthy. Only four of these remained free from the disease, at the end of two years ; but more properly speaking none ; for three had occult cancers in the breast, and the fourth an ulcerated cancer on the lip. I fancy from the annals of Physic and Surgery, we could not select another account, equally dreadful and discouraging. One would think they were the most desperate cases that could be selected from all parts of Great-Britain. It would be unnecessary to mention others of a similar opinion. Happily for those subject to this disease, later practice and experience give them much better hopes ; although men of great eminence, both in physiological

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and chirurgical knowledge, as well as in practice and experience, have supported the contrary opinion.

AMONG these is the late Mr. Hill, an eminent Surgeon, at Dumfries in Scotland, who published a book on Cancers in the year 1772, at which time he had extirpated from different parts of the body eighty-four *open*, and four *occult* cancers, and all the patients except two, recovered from the effects of the operation.

OF the first forty-five cases, one only was unsuccessful, and in three more the cancer broke out afresh; all the rest of the forty-five, viz. forty-one, continued well as long as they lived.

OF the next thirty-three, one lived only four months, and in five more, the cancer broke out again. The reason of the last number being more unsuccessful than the former, was, according to Mr. Hill's account, that his extraordinary success, made cancerous patients flock to him from all parts, and

and he was often obliged to perform the operation, contrary to his judgment, on patients who had delayed it too long. On the whole, after a course of thirty years practice, thirty-nine of sixty-three patients were all alive and sound; and of all his cancerous patients not a seventh were threatened with a relapse or uncured.

I HAVE been induced to make the longer extract from this book, because it is the most complete on the subject of any before the public; and from it may be drawn the best proofs that the disorder is not originally connected with the system, but merely a local complaint, and that the cancerous virus is absorbed into the constitution from the local affection; it is commonly supposed constitutional, from the disease sometimes returning, yet one breast being affected, is no reason why the other should not become cancerous also, and the disease still be local.

OF the particular nature of the cancerous virus I do not pretend to give an opinion, but that it is not hereditary or constitutional I am

inclined to think from the innumerable instances of the children of diseased parents never having any appearance of the disease. The glands, we know, are the most common seat of cancer, and that they never produce good matter, and I see no reason to doubt, that when some peculiar irritation is applied to them, either from an *external* or *internal* cause, such a disposition may be induced in them, as necessarily to occasion the formation of a cancerous matter.

PERHAPS the reason that women are so frequently affected with cancerous breasts, about the time of the cessation of the menses, is, that there is a greater determination of blood or some other fluid to them at that period, which, from their not being so susceptible of inflammation or the formation of good pus as the other parts, produces an indolent hard swelling, merely by distention of the different vessels. A tumor being thus formed, it commonly remains inactive until an irritation is applied, and from the nature of the parts a cancer generally follows.

WE might likewise support the opinion of the cessation of the menses being one strong pre-disposing cause to cancer in the breast, by observing the sympathy that always subsists between the uterus and breast. At the age of puberty the breasts naturally swell, and appear turgid, about the time of the appearance of the menses. They usually fill with milk, upon the diminution of the lochia, in lying-in-women. And when they cease to suckle, the menses commonly return, where they had been before obstructed. Some women who menstruate with difficulty, are never so well as when giving suck; anatomists endeavour to account for all this, by the anastomosis of the mammary and uterine vessels, but further aid is certainly necessary, to account satisfactorily for this, as well as many other phænomena of the animal œconomy, said to depend solely on the communication of blood vessels.

INDEED, the account Dr. Monro gives of his method of treating cancerous complaints, shews clearly that he could not be successful; for by keeping the wound made by the
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extirpation of the disease from healing up, and by giving mercury, he took the most efficacious steps to excite and reproduce the complaint, while his design was to prevent it.

SOME of the most eminent Surgeons of the present time, with whom I am rather inclined to agree, think a cancer of the breast and testicle as local as a chancre on the glans penis, or the inflammation and ulceration of the arm, from inoculation ; and in the same manner as in the small pox, or venereal disease, the cancerous virus may be absorbed, and affect the part as it passes along ; hence cancerous buboes and affections of the absorbent system, from cancerous as well as from venereal virus. But in the inflammation after inoculation, and in venereal chancres, if the parts affected be removed before absorption has taken place, a cure is effected. But in cancer, even when absorption has taken place, (which may be known by the state of the lymphatics leading to the constitution) the speedy or timely, and perfect removal

moval of all the diseased parts, gives the patient a fair chance of being cured.

BUT as it is not my design (especially at present) in this short practical treatise, to enter deeply into the discussion of a subject, on which authors of the greatest abilities differ so widely in opinion; I shall therefore add but very little on this head.

LET us, for a moment, suppose cancer to be a disease of the system, and the cancerous virus capable of being absorbed. When a cancer has been for some considerable time in an open ulcerated state, we should naturally think, that from the absorption constantly carried on, the whole system must soon become perfectly impregnated with cancerous virus; which must (as in the lues venerea) soon attack or make its appearance in every part of the body. But we do not find this to be the case, for there are many instances, sufficiently authenticated, of open ulcerated cancers, of some duration, being extirpated after the axillary glands became affected; and yet the patient had no return of the disease.

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It is probable, that nothing has a more powerful tendency to render this disease constitutional, than neglecting to have the part removed as early as possible.

Of the Treatment and Cure of Cancer.

INNUMERABLE experiments and attempts have been made by the most eminent and ingenious Physicians, in order to discover an effectual remedy against cancer, and their motives were undoubtedly very commendable. But while, on the one hand, I feel the highest respect for men of great learning, genius, and professional abilities; on the other, I cannot help regretting that their labours have turned out so unsuccessful. I am indeed pretty well convinced, that all the attempts made to cure this complaint by internal medicines, have done more harm than good, in as much as they tend to raise the patient's expectation of a cure, by affording a temporary relief, till it becomes too late for an operation. But from all that has been done or attempted, I should think
myself

myself culpable in recommending or relying upon the use of internal medicines, where extirpation or removal of the diseased part is practicable; this being the only remedy hitherto known on which we can place any dependance, no cure by medicine having been hitherto discovered. Dr. Storck in his publication on *Cicuta* some years ago, gave the world reason to hope, that a specific for cancerous disorders was discovered; but alas! it was soon found that it would not perform all the wonders ascribed to it, and many declared it would do nothing, because it did not come up to the expectation which he had led them to form. Notwithstanding the repeated use of it both externally and internally in different parts of the world for a number of years, in the most skilful hands, no single instance can be produced of its performing a cure in the cancer; yet nobody will affirm, that it is not a medicine of great efficacy in various obstinate complaints, that it has not mitigated for a while cancerous pains, checked the progress of the disease, changed the discharge for the better, in respect to colour, smell, and consistence, and that mankind is

not much indebted to the Doctor for introducing into more general use so powerful a remedy. From considering its most usual effects, that it is anodyne, corrects acrimony, and promotes the formation of good matter, I have made use of it with success in various complaints, attended with the appearance of an acrimonious state of the juices. In the fluor albus joined with guaiacum, it seldom fails, and in short, in most complaints arising from a strumous habit, it will often exceed our most sanguine expectations.

IN the year 1774, a treatise was published at Paris by M. le Febure, in which he extols arsenic given internally as a specific, both in occult and open cancers. Gooch in like manner extols corrosive sublimate, and Justamond the martial flowers. I have not only tried all these medicines myself, fairly and for a sufficient length of time, being led to place some confidence in them from the great recommendations bestowed on them by these authors; but I have likewise seen them tried by some of the most eminent Physicians in London, in cases *really* cancerous, and I can
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aver that I have never seen one instance of a radical cure by one or all of them. I am therefore persuaded that the cases mentioned by these authors, where any of these medicines were successful, were not truly cancerous, but on the contrary, were only obstinate ulcers, in some instances of a scrophulous nature, attended with symptoms equally common to such as well as cancers.

Dr. Jaenisch, a Russian Physician, in a treatise lately published on Cancer, says, that the belladonna, or deadly night shade, has been by much the most successful medicine with him, in the few instances where good has been done in this disease; however the trials that have been made of it in England give us little reason to expect much from it. Still these unsuccessful attempts of eminent men, and their laudable endeavours to convert poisons into valuable remedies, should not discourage others from persevering in the same course, till this great *desideratum* in Physic be found out. Our success in curing the venereal and several other diseases by specifics, should stimulate us to go on, and leave none

of the *arcana* of nature unexplored till our wishes be answered. The cure then consists in the destruction or extirpation of the diseased parts; the first is effected by chemical means, as caustic, or by exciting inflammation to a greater degree in the parts than they are able to support, which of course die: arsenic produces this effect, and the basis of Plunket's *Nostrum*, which has made so much noise in the world, is arsenic; its virtues have been much over-rated, yet arsenic would appear on the whole preferable to caustic, on account of it's action being more confined to the diseased parts. Extirpation by the knife is undoubtedly the preferable mode of cure, but in patients who have an unconquerable aversion to the knife, I think the destruction of the diseased parts, by chemical means, should not be neglected.

IN speaking, therefore, of the treatment and cure of cancer, we may divide all affections of that nature whatsoever into two kinds, viz.

FIRST. Such as from their nature, situation,

tion, and circumstances, do not admit of extirpation by a chirurgical operation.

SECOND. Such as from their nature, situation, and circumstances, do admit of extirpation or removal.

OF the first kind, or such as do not admit of extirpation by a chirurgical operation, it might be thought rather unnecessary for me to take much notice, when there can be no hopes of a cure. But though I admit, that in such cases we cannot entertain hopes of a cure, yet I shall venture to offer some remarks, which I hope will not be thought unworthy attention, if they answer the purpose of giving timely warning of their danger to those, in whom the disease is only in its infancy or early period, or have any weight in persuading them to take the necessary steps in proper time, to prevent the worst consequences. For to such persons the observation of the Poet should be a lesson :

Felix quem faciunt aliena pericula cautum.

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To return from this digression, the extirpation may be impracticable by the diseased part being situated in, or connected with some vital part, or adhering to some considerable artery.

OR if the part externally affected would admit of extirpation, yet there may be other circumstances that would render it very imprudent in a Surgeon to recommend the operation. Of such cases we have but too many instances, when the disease has been of long continuance, latterly attended with pains in the bowels, and the patient's countenance is become wan, fallow, and cadaverous. Here we are led to suspect a tainted habit, with cancerous affections of the viscera, beyond the reach of surgery; consequently, that the extirpation of any part within our reach can answer no good purpose. Such cases admit of little aid, either from the Physician or Surgeon; as all we can aim at is to mitigate, as far as in our power, the sufferings of a patient, whose approaching fate we are unable to prevent.

IN order to accomplish this desirable object, the cicuta of all the medicines now in use, claims a preference, because it is apparently anodyne, promotes rest, and eases pain. The powder and extract are the most usual forms for giving it in. The powder is the most nauseous way, but less liable to variation in its strength than the extract, the effects of which are often much impaired by applying an over heat in its preparation, and gathering the plant at an improper season. Whichever of these preparations be used, it should always be begun in small doses, and increased step by step, till we get as high as the patient can bear, which will be known by its producing nervous affections, such as a giddiness of the head, a painful sensation in the eyes, and a trembling agitation of the body. With such views I have gone so far as to give three ounces of the powder of hemlock in the space of twenty four hours. If we stop short of the full dose, we shall seldom have the same good effect from it, and by increasing it gradually we shall be able to suit it to all constitutions, some bearing much larger doses of it than others. In
strumous

stomachous habits it will almost always afford a considerable temporary relief.

WE ought, however, every now and then, to vary our internal and external remedies; for the stomach, or any other part, which has been some time accustomed to any particular remedy, will gradually become insensible of its action, and it will of course lose its effect; but if there be a proper interval, the habit will become again as sensible of the stimulus as ever. Hence it is, that brandy drinkers from continued use of the liquor, will require three or four times the quantity to intoxicate them, which would have the same effect when they first began.

FOR the same reason the Turks will bear as much opium, from using themselves to eat it, as would kill an European unaccustomed to its action. But if either of these inebriating things be discontinued for a time, the same dose that had but little effect when it was left off, will have powerful ones on the recommencement of its use, the stomach

mach by this time having recovered its sensibility. Therefore when the cicuta begins to lose its effects, we should try the nightshade, and after that opiates in large doses, and by thus prudently changing our mode of treatment as circumstances arise, we considerably palliate the symptoms, and render the sufferings of our miserable patients much more tolerable than they would otherwise have been.

IN the mean time the patient should live abstemiously, avoiding animal food, wines, spirits, and fermented liquors, as heating, stimulating, and tending to increase pain; a milk and vegetable diet therefore in such cases is the most proper. With respect to the external mode of palliation, the cicuta poultice will perhaps claim the first place, and then the carrot and linseed meal poultice, after this opium applied either in form of a powder, or the lint wetted in a solution of it in warm water. Thus varying our external as well as our internal plan, we may considerably alleviate the pangs of the miserable

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rable sufferer. Dr. Jaenisch, at Peterburgh, already quoted, much extols the use of saturnine applications in powder; his manner of preparing them is the following: Take of white or red lead three ounces, which is to be rubbed in a leaden mortar with a pestle of the same, till it doubles its weight; to this is to be added, by little and little, six ounces of Goulard's Extract, and rubbed as before, till they are intimately mixed and form a dry powder. This powder sprinkled on the parts, he says, allays the heat, resists putrefaction, impedes the growth of fungous flesh, and stops the hæmorrhage, and oftentimes mitigates the pains. I wish it may be found upon trial to merit the encomiums he bestows on it, and that he may not have said too much in it's praise; however I think it very worthy of further trial. The plan here recommended to be pursued is entirely for those cases of cancer where the operation has been delayed too long, or where the part lies out of the way of an operation, as in cancer of the uterus, liver, or any of the viscera. But where there is no objection to the
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extirpation of the cancer from its situation, the sooner it is performed, after the disease is discovered, the better, as the only certain remedy.

I AM inclined to think, many cases of the foregoing description result from mismanagement, when the Surgeon has not sufficiently recommended or urged the operation in time; or the patient from an imprudent dread of it, has had recourse to some ignorant pretender or quack, and has been deluded with the hopes of a cure, till the disease has made such havock in the constitution, as leaves us without the least hope of attempting any thing with success; these cases are the more to be lamented, when we have reason to think, that by extirpation of the part at an early period, the patient might probably never after experience a return of the complaint; or, at least, would have had a fair chance from the operation.

I WOULD further remark, that people in general, are not sufficiently aware of the danger, to which they are liable, from scirr-

hus or occult cancer ; for it sometimes happens, that both surgeon and patient think it soon enough to remove the diseased part, when forced to it, by excessive pain, and encrease of size. I cannot sufficiently warn both, of the danger attending this method of proceeding ; because in most cancers (those of the breast especially) internal ulceration takes place, long before the skin shews any tendency to ulceration ; so that every hope and opportunity of cure may be lost, and the patient destroyed by the deep and latent progress of the disease, without external ulceration ever taking place. This circumstance, therefore, of internal absorption taking place so soon, not having been attended to by any author I have read on the subject, I have thought proper to mention, as highly deserving notice, and shewing the propriety and advantage of operating at an early period of the complaint. It is unfortunately the case, that patients can seldom be convinced, that there is any necessity for an operation, while the disease continues in a mild state ; whereas that is, beyond all doubt, the most favourable period for extirpating it :
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they too generally think, a scirrhus of the breast or testis may remain easy through life: but notwithstanding there are instances to prove this within the limits of possibility, the hope that this may be the case has proved fatal to many. There are very few, indeed, who pass through life, with a scirrhus breast, or testicle, without suffering any considerable pain, or inconvenience; but there have been great numbers, in whom this disease, after continuing mild for years, has changed so rapidly, and put on such alarming appearances, that little hope could then be entertained, even from the operation; so that they became victims to their own inconsiderateness, and want of timely resolution.

IN scirrhus of the testicle especially, when it has continued so long, that the spermatic chord is become indurated, knotty, painful, and uneven as far up as can be felt; however urgent the patient may then be, for the removal of the testicle, little hopes can be entertained from the operation.

HAVING given the few practical remarks
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that occurred to me, under the head of Cancers, which do not admit of extirpation, I am now come to mention such, as from their nature, situation, and symptoms, do admit of extirpation.

It has already been mentioned, that in this treatise, cancerous affections of the breast and testis are the chief objects in view; yet I may venture to say, that in every topical circumscribed scirrhus or cancer, where the part is so situated that it may be extirpated or removed, without necessarily endangering the life of the patient; the sooner such part is removed, when the disease is characterised, the better chance will the patient have of a perfect cure. All cancers, therefore, whether of the breast or testis, or in whatever part of the body, so situated and circumstanced, may be reckoned of that kind, which admits of extirpation. But however favourably situated, and circumstanced, the part affected may be, it must be observed, that the removal of it does not afford any absolute certainty, that the disease will never after appear, either in that
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or any other part of the body ; all that we can venture to say is, that (*cæteris paribus*) the earlier the operation is performed, the greater probability there will be, of the disease not returning : But this consideration ought to have no weight, in dissuading any person from submitting to an operation, which appears (all circumstances considered) necessary and proper, and which most frequently proves effectual ; on the contrary it ought to operate very powerfully in persuading the patient to have the part extirpated at an early period ; when the pain must be less, and prospect of success greater. Besides, no one can be secure against the most dreadful termination of a complaint of this nature, who nurses a truly characterised scirrhus, in the hope that it may remain indolent and inoffensive for a great many years, and, perhaps, never produce any bad effects. It is necessary to inform such, that the part affected should be extirpated, as soon as the disease is clearly ascertained : for tho' a simple scirrhus may remain indolent for many years, yet it may suddenly change its appearance, and rapidly prove destructive, if
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not minutely attended to by a judicious practitioner.

NOTWITHSTANDING what I have said of the early extirpation of the diseased part, I would not be understood to infer, that where this has been neglected, till the disease is in a more advanced state, the operation must always be improper: on the contrary, I have reason to think, that in cancers both of the breast and testis, the operation has often been given up as unadvisable, when it might have been performed, with a probability of success. Whether this was the result of reading and speculative opinion without practice, or proceeded from the bad success attending the manner of operating heretofore practised, I shall not attempt to determine; but only mention some symptoms, which, experience informs me, should not prohibit the operation, as they too often have done.

OF this kind are enlargement of the part, attended with frequent, or constant, and increasing pain; diseased glands in the axilla,
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small indurated glands round the breast, diseased and ulcerated skin, adhesions to the pectoral muscle, and also to the ribs. These, we must allow, are unfavourable symptoms, denoting a great progress of the disease. But from the following cases it will appear that they ought by no means to prohibit the operation: especially when we consider the deplorable situation of a patient, (which baffles all description) when left a victim to the fury of this disease. And if at such an advanced state, the operation is often attended with success, we certainly have reason to entertain far greater hopes from it, at an earlier period. Indeed I cannot help thinking it a matter scarcely admitting a doubt, that many who have died of this excruciating, loathsome disease, might have been preserved to the community, as well as to those relations and connections, to whom their lives were valuable; the greater number of them never experiencing a return of the complaint, had they submitted to the operation in time.

UPON the whole, therefore, I cannot too
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strongly urge the necessity and advantage of having recourse to the operation at an early period, as the only remedy; to describe which, it would be proper now to proceed; but as the superior advantages of that *particular operation*, which I am about to recommend, depend, in a great measure, on Union by the First Intention, it may not be improper to premise a few observations on that subject.

Observations on the different Processes of Nature in healing Wounds, more especially on what is called Union by the First Intention.

THE benevolent Author of Nature, for great and good purposes, has implanted a law in the animal œconomy, very prevalent in the living human body particularly, whereby parts perfectly separated or divided by wounds, are strongly disposed to unite; especially

cially if brought into contact immediately, and retained in that situation.

IN fresh incised wounds, this disposition to unite is so great, that by bringing the parts evenly and closely together, and retaining them so, they will be slightly glued together in the space of an hour or two, and if not disturbed and separated by force, constitutional disease, or some other cause, will perfectly unite and heal, without inflammation or suppuration taking place. This may be called the first natural process, or what Surgeons denominate “ Union by the First Intention.”

BUT in this salutary design, nature is too often frustrated ; for it often happens in large wounds, attended with great effusion of blood, that the proper treatment of stopping the hæmorrhage, by taking up the vessels that require it, and then bringing the parts closely into contact, and retaining them by ligature, if necessary, has not in time been adopted, and thereby the opportunity and advantage of Union by the First Intention

has been lost ; yet nature does not stop here in her efforts to unite the parts ; for when the effusion of blood has ceased, and the mouths of the vessels from whence it flowed are retracted or collapse, even though inflammation may have taken place, in some degree, if the parts be then brought into contact and detained, they will unite without suppuration taking place ; but neither so soon nor with so much ease as if they had been properly treated in time.

THIS may be called the Second Process of Nature, or the Secondary Union, by inflammatory exudation, or adhesive inflammation, mentioned by the late great anatomist Dr. Hunter, by his brother Mr. John Hunter, by O'Halloran, Allanson, &c.

BUT in case this second opportunity is lost, or abused by the interposition of any extraneous body, which can only serve to keep the parts asunder, yet nature still proceeds to accomplish the great and salutary purpose intended from the beginning, of uniting and
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healing the parts, but by the different means of suppuration, granulation, &c.

THIS may be called the third and last process of nature. Of each of these natural processes, we have as infallible demonstration, as any mathematical theorem can admit of.

OF the first process, we have daily proofs in the immediate union of incised wounds. As in blood-letting, when the orifice becomes united a few hours after the operation, when the lips have been properly brought together and kept in contact; but if this be neglected, inflammation and suppuration are often the consequence.

SUCH are the indubitable proofs of the first process, which tend to illustrate the doctrine of Union by the First Intention, and also to prove, that the parts of an animal, however dissimilar, or even parts of different animals, have a strong tendency to unite and become a part of the body, so long as they retain life or the living principle; but

but if an old extracted or dead tooth, or spur were made use of, different effects would follow, for they would then act as any other extraneous body, and of course, produce inflammation, suppuration, &c.

THE proofs of the second process are equally undeniable. For instance, if the testicle of a living cock be cut out and immediately introduced through a proper incision into the belly of a living fowl, the incision will heal up, and the testicle adhere or grow to the intestines of the fowl.

THERE are other experiments of a curious nature, which more fully and extensively prove the existence of this principle. For instance, if a cock's comb be cut off, and a sound human tooth, fresh extracted, immediately and properly applied, and retained in that position, they will unite and grow together; so that by injecting the comb, the tooth may be injected also. In like manner, if a cock's spur be cut off, and applied to the fresh wound, made by cutting off the comb, it will adhere and grow there, and
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shews that it is only necessary that one surface should be inflamed, to throw out coagulable lymph, and adhesion takes place.

THERE are many other proofs of this process, as the adhesion of the lungs to the pleura, which are often considerable, without any sensible inconvenience; the union of the chin to the breast; the adhesion of the viscera to the peritoneum. Of this a remarkable instance lately happened in a person that was shot through the belly, at the time of the riots in the year 1780, who died about four years after. In consequence of the wound, inflammation took place, and produced general adhesions of the viscera to the peritoneum throughout the cavity of the abdomen: yet the person was not subject to any particular pain or sensation in consequence of this union.

IN all these cases of inflammation of the internal cavities, when recent, a buffy crust or covering is found on their surface, which is an exudation of coagulable lymph thrown out by the inflamed vessels, and which afterwards

wards becomes the bond of union when adhesion takes place.

ANOTHER remarkable instance came under my care lately at the Surry Dispensary.

A POOR lad, about ten years old, had been afflicted by an adhesion, formed five years before, when he had the small pox; the adhesion was at the right angle of the mouth, which was somewhat retracted by it, and together with the cheek, adhered strongly to the upper and under jaw; his upper jaw projected a little over the under, and though he could move the latter a little from side to side, backward and forward; he could not in the least open his mouth, so that during the time mentioned he may with strict propriety be said to have lived by suction. He was very much afflicted on casting the molares which he was forced to swallow. On dissecting through the adhesion, and separating the angle of the mouth and the cheek from both jaws where the adhesions were formed; he was able to open his mouth, but a little more than before the operation; this

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I attributed to the rigidity of the temporal, masseter, and other muscles, from so long a state of contraction; and accordingly the complaint yielded to warm relaxing anodyne fomentations, &c. My friend Mr. Gillespey assisted in performing this operation.

THESE are proofs of the second Natural Process, to which many others might be added if necessary.

IN proof of the third Natural Process, or union by suppuration, granulation, &c. it would be as absurd to offer any arguments, as to attempt by a tedious dissertation to prove an axiom or self-evident truth, or that what does exist does exist.

THE old method of amputation, deep phagedenick ulcers, compound fractures, and in short all cases of loss of substance, are sufficient instances of this process, where nature sooner or later according to the state of the constitution, sets about a restoration and union of the parts by suppuration, granulation, &c.

It is to be regretted that there are too many instances of this process in the practice of Surgery, which might have been prevented to the great advantage of the patient, had nature been in the least assisted either in the first or second process.

SUCH I humbly conceive to be the law, and such the steps which nature takes in the healing art. Of these I have been an attentive observer, I have studied and admired them; and have endeavoured, as far as a very moderate capacity, and the opportunities I have had, would permit me, to derive from thence some useful practical knowledge. Had men of superior abilities in the profession, been more attentive to the order and progress of these processes, and to the operations of the *vis medicatrix naturæ*, instead of fabricating fine spun speculative theories, the healing art must, before this time, have been advanced to a much greater degree of improvement. We should not have seen patients so long tortured, by pouring stimulating pernicious balsams into wounds, or by the interposition of extraneous bodies; all
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which applications tend greatly to multiply the sufferings of the patient, and protract the cure for many weeks; which might have been compleated by the first intention or *Natural Process* in a few days. I fancy I may safely say, the attempts to favour either the first or second process, in the surgical art, would have been a hundred to one more numerous, even within the last ten years. As all the superior advantages attending, and resulting from the following method of operating, are derived from the first Natural Process, or Union by the First Intention; it may be expected, I should say something on the nature of this Union, and the manner in which it takes place.

THE manner in which this Union takes place, seems to be as follows. In a fresh incised wound, there is an effusion of blood from the vessels divided. If these vessels are so inconsiderable, that the contractile power of their fibres is sufficient, very soon to put a stop to the effusion of blood, by retracting and closing their mouths; it would be very unnecessary to inflict pain by the use

of the needle and ligature. However, the anatomical knowledge of the part, where a wound happens, and of the vessel or vessels divided, may always prove sufficient to direct a judicious practitioner: but, for the benefit of those who have had very little experience, I hope I shall be excused in observing, that the use of styptics should not be relied on, where the bleeding vessel is large, or can be conveniently and safely come at; but where it cannot, as in hæmorrhage from scorbutic fores, of the penis, mouth, nose, &c. the most efficacious and safe styptic we can apply is oil of turpentine frequently renewed to the bleeding surface, which has wonderfully succeeded, where stronger styptics have failed, and produced inflammation and a sloughing of the edges of the wound. We should likewise be careful not to trust to compress, when an artery any way considerable happens to be divided; for by such practice I have often seen, at the distance of several days, an hæmorrhage so great, as to make it unavoidably necessary for a Surgeon, not only to open the wound, but to make a fresh incision, in order to get at, and take up
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the vessel, that might and ought to have been secured by ligature at first; by neglecting which, the patient is put to unnecessary pain, and the opportunity of uniting the parts by the First Intention totally lost. But to return from this digression, the hæmorrhage ceasing, by the vessel or vessels being taken up, if necessary, otherwise allowed to retract, there will be some coagulated blood in the wound, when brought together, which will of course separate; the serous part will ooze out of the wound, the red particles will be absorbed, and the coagulable lymph will become a kind of gluten or bond of Union between the parts. This gluten or uniting medium is at first inorganic; but at length becomes both vascular and nervous. But that change requires time, while nature endeavours to defend the adhesion formed, by uniting the skin or lips of the wound by cicatrix; such I imagine to be the simple, and at the same time grand, wonderful, and efficacious progress of Nature, in forming a union of parts, by the First Intention, by retracting and closing the vessels, absorbing or discharging the redundant or unnecessary fluids, glueing the

the parts together by an uniting medium ; and lastly, by cicatrizing, and even organizing this uniting medium. If I have erred in an humble attempt to explain this progress, it will give me very little concern. That such Process or Union takes place, is an indubitable fact ; and it is of the fact itself, and not of the manner in which it is brought about, that I wish to avail myself in practice. Neither do I venture to assert, that this union will universally, or without exception, succeed. For in a weak constitution, Union by the First Intention very seldom, or scarcely ever, takes place, it is caused perhaps by the blood's being indued with less of the principle of life, and in consequence of this, a great backwardness to heal. But in some constitutions adhesion and supuration cannot take place, and inflammation continues. This often happens to dropical patients, and mortification ensues ; but in other cases there is not strength enough to produce inflammation, after a solution of continuity, as in dropical patients, also in tapping, so that the wounds keep open, and the water is discharged through them.

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BUT, I believe I may venture to say, that in almost all the instances where it does not succeed, in a healthy constitution, the fault may justly be attributed to neglect or mismanagement. From my own practice I can assert, that in all the operations I have performed, either on the breast or testicle, it never once failed.

Of the Operation of Castration.

THE method of performing this operation has been described by different authors somewhat differently: but those described by Mr. Pott, Mr. Bell, and Mr. Warner, are more generally approved of and practised than any others. In the last edition of Mr. Pott's Works, vol. ii. page 485, he gives the following direction.

“ THE void space in which the testicle was, is to be very slightly filled with dry lint, which lint should be suffered to remain *until it be perfectly loosened by the suppuration*
from

from every part of the sore; if it be removed sooner, it must be done by force; in which case it will give unnecessary pain, and leave a crude undigested sore. If it be not removed until quite loose, it will give no pain, and the sore will be found clean and well *digested*, and requiring no other dressing afterward, than mere dry lint, which from this time should be applied in such quantity and manner, as to give nature an opportunity of contracting and healing the wound as fast as she can; in both which she may be considerably assisted by the judicious exhibition of the bark."

"The sore ought not to be touched till a *free suppuration* takes place, which will commonly be about the fifth or sixth day; and then the dressings should be removed, and renewed from time to time, once every two days, or oftener, according as the *quantity of matter* renders it necessary. Bell's Surgery, page 529, vol. i."

MR. Warner, in his Treatise, page 89, in
speak-

speaking of this operation, gives us the following directions ;

“ ON the third or *fourth* day after the operation, dress the wound with yellow basilicon, or linimentum Arcæi, spread upon pledgits of lint ; before the pledgits are applied, dip them in warm fallad oil. Let this mode of dressing be repeated till the first dressings come off, and as long afterwards as you find it necessary to the promotion of *digestion*.

IF at the end of a week or ten days, or *later*, your patient complains of a languor, and the wound should not produce good matter, but on the contrary a bloody and *corrosive sanies* succeeds, foment the wound once or twice a day with an antiseptic fomentation, mixed with camphorated spirits of wine or brandy.”

WITH all due deference to the above respectable authors, and others of eminence who have written on this subject, from whom I cannot help differing concerning their

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principles of operating and subsequent treatment, I shall now humbly offer to the public, the operations and subsequent treatment which I have for several years adopted and uniformly practised, leaving it to the consideration and future experience of practitioners to adopt or reject them, according to their merits.

WHEN a scirrhus or cancer of the testicle becomes fairly characterised, and the operation determined on, it may be performed in the following manner.

THE patient being placed on a table of convenient height, covered with a blanket and sheet, his head and shoulders raised with a pillow, his legs and thighs are to be separated from each other, with his knees a little bent, and secured in this situation by proper assistants; the hairs being shaved from the part, the integuments over the spermatic vessels in the groin are to be divided by an incision, beginning opposite to the opening in the abdominal muscle, and continued nearly to the bottom of the scrotum. This inci-
sion

sion will permit the surgeon with facility to finish the remainder of the operation. The spermatic chord thus laid bare, is to be freed from its surrounding membranous connection, and the operator, with his finger and thumb, separating the blood vessels from the vas deferens, must pass a needle and ligature between them, and having tied the former only, is to divide the whole chord at a quarter of an inch distance from the ligature: this done, he is to dissect the testicle out from the scrotum.

WHEN that is done, the parts from whence the testicle was removed are to be gently laid together, and the edges of the incision to be evenly and exactly brought into contact from one end to the other, and retained in that situation by slips of adhesive plaister, or even a suture or two if found necessary. Should any part of the scrotum be ulcerated, it will be necessary to make a second incision, beginning a little above the ulcerated part, and continued in as direct a line as the inclusion of that part will admit of, down to the extremity of the first incision. These two

incisions will enable the operator to dissect away the testicle in the same manner as if there had been but one ; nor will they give more pain, than if the diseased part had been dissected away along with the testicle, in the manner recommended by Mr. Sharp and Mr. Pott. The parts are then to be brought together, and retained in the same manner as if there had been but one incision, that they may unite by the first intention.

THE whole of this operation, and likewise the excision of the cancerous breast, should be performed with a straight dissecting knife.

Of the Excision or Removal of a Cancerous Breast.

THERE are two methods in use in the cure of cancers ; the one by caustic, the other by the knife.

THE former being more irritating, exceedingly more painful, less subject to direction,

tion, and less certain in its effects than the latter, is now nearly exploded, or seldom practised, except by Quacks, who in all their applications or boasted specifics (without exception) for the extirpation of cancers, have a caustic of some kind or other, as the basis or principal ingredient in their composition. Extirpation by the knife, therefore, being infinitely preferable, I shall consider and describe that method, having before spoken of that by caustic.

My deviations from the usual practice consist in the mode of operating and after treatment, of which I shall give as clear an account as in my power, first giving a few quotations of the best modern chirurgical writers ; I will then leave the reader to draw his own conclusions as to the propriety of each plan.

“ IN large tumors, it is very much to be advised to cut away great part of the skin, for besides that the hæmorrhage will be much less in this case, and the operation greatly shortened, the skin, by the very great disten-

distention, having been rendered very thin, will great part of it, if not taken away, sphacelate, and the rest be more prone to degenerate in a cancerous ulcer."

Sharp's Surgery. Page 55.

THIS sphacelation and generation of cancerous ulcers, mentioned by Mr. Sharp, I have no doubt of, because they must naturally result from the practice of filling the cavity from whence the tumor was removed with dry lint, or any extraneous substance that keeps up such an irritation, and of course inflammation, that the integuments are unable to bear, and sphacelation consequently takes place, leaving a large surface bare underneath, which will require a tedious process of nature to cure. Such effects never could have followed, had the integuments at first been brought in contact with the parts underneath, as the contractile power of the skin is so great, that from considerable folds at first, it will soon recover a smooth even appearance, as I have always found to be the case.

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THE same author, after describing the manner of removing a scirrhus gland, or cancered breast, page 140, “ The *treatment of all* these wounds may be with *dry lint* first, and afterwards as in common incised wounds.”

IN Mr. Warner’s Cases, published a few months ago, page 359, after the amputation of a woman’s breast in the usual way, and dressing with lint; he tells us, “ her wound was at the point of being healed in *nine weeks* after the operation.”

“ THE *circular incision* in the skin of a breast, should always be made quite *round*, &c.”

Pott. Vol. II. Page 492.

THE above eminent authors and most practitioners make it a rule to save a considerable, or what they think a sufficient quantity of skin. But still, in this operation as well as in others, they left a large open wound, which by the usual dressings, became much larger by the time they were first removed.

moved. These dressings give unnecessary pain, produce a very extensive and a very ugly sore, by which the healing of the part is greatly retarded.

THE following method is that which I have adopted in the removal of a cancerous breast.

THE patient being placed in a chair of convenient height, in a reclining posture, her head supported with a pillow, by an assistant behind, and her arms secured by an another on each side; the Surgeon is to place himself in the most advantageous situation, either sitting or standing, as he finds most convenient, so as to make one horizontal incision, longer than the diseased mass, nearly in the direction of the rib, and a little below the nipple, that it may occasion the less deformity. An incision of sufficient extent, being momentary, will give little more pain than a small one; and has this great advantage, that it enables the operator, with facility, perfectly to remove the whole of the diseased parts,

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THE most painful part of the operation being over, the assistants who were employed in securing the patient's arms, are now to hold asunder the integuments, and press their fingers on any arteries that bleed freely, which will enable the Surgeon, with facility and dexterity, to remove the whole of the diseased mass, which should be carefully dissected from the skin above, and below from the pectoral muscle and ribs. The assistants are now to remove their fingers, the blood is to be effectually cleared away, by sponge and warm water, that the Surgeon may examine, with the greatest accuracy, the surface of the wound; and if any small indurated glands, or thickened cellular membrane can be discovered, they ought to be all removed; for without the most careful attention to this part of the operation, the design of it may be entirely frustrated.

By this time, the hæmorrhage will have ceased by the contraction of the muscular fibres of the arteries; when the blood which oozed out, during the examination of the wound, must now be cleared away as before,

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and the edges of the incision brought evenly and perfectly into contact, and retained (as in the operation of castration) that they may unite by the first intention.

WHEN there is any ulcerated or diseased skin, it must be included between two incisions, exactly in the manner recommended in similar circumstances of the scrotum.

OVER the dressings, a large, thick, soft, compress of old linen should be applied, and gently bound on, with a flannel roller, about five inches broad, and six or eight yards long. Flannel is preferable to linen on these occasions, being warmer, and likewise more pliant, and yielding to the motions of the trunk in respiration.

THE arm on the side affected, should be relaxed, by being flung in a handkerchief tied round the neck,

THE ferous or bloody discharge is generally in such quantity as to appear through all the bandages, which I remove on the
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fourth day after the operation, if performed in the summer, or the fifth if in the winter. By this time the slips of sticking plaister have become loose by the discharge, and may be removed without giving the least pain, or affecting the tender adhesion. If ligatures have been used, they must about the same time be divided with scissars. In my practice latterly, I never use ligatures, finding the adhesive plaister fully sufficient to keep the parts in contact. The adhesion of the teguments are to be dressed with small slips of lint spread thin with a cerate of wax and oil. Over the dressings I apply a few slips of adhesive plaister, to support the tender union, and by keeping the edges of the skin as close as possible, the cicatrix will be very small, and the cure greatly accelerated.

Observations on the Operation and subsequent Treatment.

I find it very necessary from experience, to request the operator to be very careful,

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by a gentle but sufficient pressure, to bring all the parts underneath in contact with the integuments, so as perfectly to exclude the air when the edges of the incision are laid and retained together. If this be not done with the greatest care, the air remaining within the wound, and keeping the parts asunder, suppuration will ensue and protract the cure. This happened to myself in one case, and may have often happened to other operators, and thereby induced them to speak more unfavourably of this method of operating than it deserves. But even when attended with this disadvantage, I must still think it vastly superior to the *old* method of operating, when the whole breast, skin, and all is cut away, as if *mowed* off with a *scythe*.

IN performing this operation, several arteries bleed very freely, and are apt to alarm a young operator, who from his embarrassment, may make too much haste to finish the operation. This haste or expedition to finish the business, by applying the dressings too soon, is a very great error, against which I must strongly recommend it to every operator

rator most carefully to guard. Mr. Gascelee has had accounts from the country of two cases, where the hæmorrhage, after the patients were put to bed, was so great, that the dressings were obliged to be removed, the blood cleared away, and fresh dressings applied. Such consequences must naturally happen, if the operator does not wait patiently till the bleeding has entirely ceased. The time necessary to wait may be from ten minutes to twenty, according to the nature of the case. In one where I lately operated, at which Mr. Sharp, Mr. Gillespey, and Mr. Wheeler were present, I was obliged to wait above fifteen minutes, before the bleeding had entirely ceased, so that I might safely apply the dressings. It sometimes happens that after the arteries have retracted and entirely ceased bleeding, there will be a very inconsiderable oozing from the pectoral muscle, if it has been touched in the operation, or perhaps from another part. In such cases a gentle pressure on the part, with the tops of the fingers, or exposing the mouths of the vessels to the air, will help greatly to make this oozing cease entirely. Exclusive of the

error of applying the dressings too soon, there is another which I cannot pass unnoticed, namely, that of giving the patient a stimulating cordial or dram, either before or after the operation, than which nothing can be more improper. This practice or custom results from the well-meant, but very ill-timed tenderness of the patient's friends, to prevent which, the Surgeon should take every possible care, so as to restrain even the *tender sympathizing nurse* from giving any thing of that nature, secretly in his absence. If a stimulating cordial be given before the operation with the ill judged design of enabling the patient to bear it the better, it must naturally make the bleeding continue longer than it would otherwise have done, by adding to the impetus of the circulation, and the patient will consequently be weakened or reduced in proportion to the greater loss of blood. If given after the operation for the absurd purpose of supporting the patient against languor or fainting, such a fresh excitement to the circulation, may occasion some vessels which entirely ceased bleeding, to bleed afresh, and thereby not only

only make it necessary to remove all the dressings, but likewise considerably impair the patient's strength. The patient should be put to bed immediately after the dressings have been applied, and kept as quiet as possible, the languor will gradually go off, and the horizontal posture will be quite sufficient to prevent any inconvenience from fainting. Even in case fainting takes place, no efforts should be used to rouse the patient from it, as it can do no harm. I have not seen a case in which fainting made it absolutely necessary that the patient should have even a glass of wine. I will admit however, such a case possible, if repeated faintings happen, against which there is no remedy of which I have so good an opinion, as a glass of good red port. In general I order the patient on being put to bed, to take thirty drops of Tinct. Theb. in an ounce and a half of aq. cin. ten. with a view of removing irritability, allaying pain, and procuring quiet and composure. This anodyne may be continued for some nights, if occasion require, neither must the judicious exhibition of the bark, red wine, and such corroborants as the patient's state may

may require, be neglected as soon as the union has taken place. In all the operations I have performed on the breast, I have never had occasion to take up an artery, though I once took off a scrophulous one, that weighed near ten pounds. Therefore, the operator has nothing to fear in this respect, considering that from the nature of the part, no danger can ensue from dissecting freely, or even from taking away a considerable portion of the pectoral muscle, when the diseased mass adheres to it. The operation is so simple, that my patients have hardly complained of pain; they generally feared they should faint, but on the contrary, as soon as the dressings and bandage were applied, they got up and walked to bed without any assistance.

SOME time after I had published a short and imperfect account of this method of operating, Mr. Bell of Edinburgh, published the second volume of his *System of Surgery*, in which, page 455, in allusion to the two cases I had published, he says, “ ‘Till of late the only means put in practice for
securing

securing the skin in its situation, so as to effect an adhesion between it and the parts underneath, was compression by the napkin and scapulary bandage, excepting in a few cases, where adhesive plaisters were employed."

MR. BELL, however, as appears from his words, page 443, thinks this method of operating applicable only in scirrhus affections of the mamma, where there is no necessity for taking away any of the skin; or where there is no adhesion to the pectoral muscle. When the skin is ulcerated, or adhesions are formed, he thinks the usual method of cutting away the skin and dressing with lint should be followed. He also takes pains to describe the method of securing the arteries, and talks of suppuration, matter, dressings, &c. as other authors have done before him. I am sorry, Mr. Bell has misunderstood me so far, because the method of operating I have described, may be adopted, even when it is necessary to take away a great quantity of skin, either from the breast or scrotum, as will appear from the following Cases.

IN all my practice, I have not had one case, nor have I ever seen one, where there was not skin sufficient to cover the wound, and unite by the first intention, except where caustics had been long and repeatedly employed. I am confident the following cases are worse than those that generally occur in practice, yet in every one of them, the Union by the First Intention succeeded, though in some instances, the diseased mass, together with a large portion of the skin, had, in the former operation, been removed. In some cases, the ulcer is so large, that on the first view, one would be apt to think, that the edges of the skin could hardly be brought into contact, after having taken away so considerable a portion of it, by including the ulcer in a double incision. But as there was a considerably less extent of surface to be covered after the diseased tumor was removed than before, there was skin fully sufficient for the purpose.

C A S E I.

IN April, 1779, the foreman of a hatter in Southwark, aged thirty-eight, applied to me on account of a complaint he had in one of his testicles. Both in the country and in town it had been treated as venereal for two years. He had been salivated for it, and said that the mercury always increased his complaints; that in size, pain, and weight, it was become considerably worse. When I saw it, the spermatic chord was a little enlarged, the body of the testicle was very large and unequally hard, the darting pains were so frequent, as to deprive him of his natural rest; his countenance was pale and sickly: he said he had been often advised to have it taken off, but never would

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consent till lately, that his life became such a burthen to him, from intolerable pain, that he did not care if he had his head cut off.

As the disease did not admit of a doubt, and he was very pressing in his entreaties to have it removed, I operated in this advanced state in the manner already described.

THE parts healed in a few days, and in less than a fortnight he worked at his trade, and has had no complaint of the kind ever since.

My friend and colleague, Mr. Stonehouse, of the Dispensary, and the late Mr. Blackall, Teacher of Anatomy, were present at the operation.

C A S E II.

JAMES KELLY, formerly a sailor, about forty years of age, was admitted a patient at the Surrey Dispensary, in Spring, 1784.

1784. He had for two years been afflicted with a schirrous testicle, for which he had taken a great many medicines, but without any benefit. He was then greatly alarmed by an alteration it had undergone a few weeks before. The tumor had been indolent and equal, the spermatic chord in a natural state, and he had no other complaint while the disease continued in that stage; but since the change took place, the testicle had increased very considerably, especially within the two last months, and a fungus sore broke out on the superior and anterior part, about the size of half a crown, which was extremely painful; sometimes bled, but generally produced a gleety discharge, of a very offensive smell. He had a pale unhealthy countenance.

I RECOMMENDED the operation under a guarded prognostic; he hesitated a while, and then refused to submit: but while he was sitting in the hall, a man, on whom I had performed the operation four years before, came to Mr. Stonehouse on business, who desired him to relate his case to Kelly, which he did, and assured him the operation would
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give him but little pain, and the confinement was not worth mentioning, as he would be well in a few days ; at least that was his case, and he never had a pain nor ach since the operation ; and lastly, that he was *as good a man* since as ever he had been before ! His account had irresistible influence with Kelly, particularly the *last argument*, and he immediately resolved to submit to the operation. Accordingly he came to the Dispensary next morning, where I performed the operation in the manner described, by two straight incisions, including the ulcerated part, and having brought the edges into contact, retained them by two ligatures and some adhesive plaister, and then supported the scrotum with a handkerchief. He *walked home*, had no fever, and got well so fast, that on the ninth day he returned thanks to the Governor who recommended him to the Dispensary, and went to his daily labour on the *eleventh day*.

It deserves to be mentioned, that in the above Case the skin next the septum scroti was about half an inch thick, and adhered
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to the testicle ; yet this thickness decreased as he got well, and at last went off entirely.

MR. SIMPSON, my colleague at the Dispensary, and Surgeon to the Magdalen Hospital, and Mr. Getty, a Navy Surgeon, were present, and assisted me at the operation.

THIS Case I thought the most proper to succeed the first, though an interval of more than five years happened between them : but as they are both of the same nature, were thought unfavorable, and were really more so than any others I have had, as they prove the two different methods of performing the operation, viz. by the single incision, and by two incisions ; and as they were both successful, I thought the order in which they stand the properest I could fix on.

C A S E III.

ELIZABETH TURNER was admitted a patient at the Surrey Dispensary, about eight years ago, under the care of Dr. Sims, who consulted me respecting the propriety of extirpating her breast, which was truly scirrhus. She was about forty-six years of age, of a robust habit, and her breast naturally of a large size; but the disease (which had been a year and half forming, without any known cause) was perfectly moveable and circumscribed; there were no glands enlarged in the axilla, and the case, upon the whole, appeared to us to be extremely favourable for the operation, which we accordingly took great pains to recommend, without effect. We heard no more of her for about a fortnight, when she sent for me to her apartments in the Maze, where she lived. I found her in bed, with her head and shoulders supported; she breathed very quick and with great difficulty, her pulse was quick and small, she was in most excruciating pain, insomuch that she said she was
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then ready to have her breast taken off, and would undergo any thing to get relief. In the above short time, the breast had increased considerably, and adhered in every part to the ribs with a firmness that I cannot express. The muscles of the abdomen, neck, and arm, on that side, were all enlarged, hardened, and contracted, so that her head and thigh were bent towards each other. She could not move her arm on that side: her breast was not ulcerated externally. In this melancholy situation, opium not affording her the least relief, death put an end to her torture three days afterwards.

C A S E IV.

A LITTLE after this, I visited one of Mr. Shuter's patients, thirty-nine years of age, with symptoms nearly similar to those in the preceding Case. When I saw her, the breast appeared to be very favorably circum-

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stanced for extirpation, which however I did not advise, the tumor being indolent, and attended with very little pain : besides, she was seven months gone with child, and I flattered myself that the complaint would not increase much in three months, and that it might possibly undergo a favorable change after lying-in ; these were my reasons for not doing more than giving the cicuta. But to my astonishment, in three weeks after she was as suddenly and violently attacked, as Elizabeth Turner in the preceding Case, except on the hand and arm, which were covered with large œdematous swellings : she aborted that night, and died two days afterwards.

I HAVE met with several similar cases since, which fully and clearly prove the necessity of our operating early, and that the loss of a few days may be of the utmost consequence. It is the same in cancers of the testicle ; by deferring the operation in hopes of receiving a cure, and losing only a few days, the disease may encrease so rapidly, and the patient become so much affected, as to render the operation unadvisable. By an
instance

instance of this kind, the public were some time ago deprived of a celebrated comedian.

C A S E V.

MARY SMITH, aged forty, discovered a lump in her breast, about five months before she applied to me, which was in the year 1780. It was perfectly indolent, even upon being handled. It had a stoney incompressible kind of hardness. I told her I was of opinion, that it was a true scirrhus, and accordingly recommended the operation. She left me much dissatisfied, and I heard no more of her for a fortnight, during which time she had often been to an eminent surgeon, and then returned to submit to the operation. The disease in the above short time had increased very rapidly, and adhered to the pectoral muscle. The skin was become smooth and inflamed, and appeared as if it would shortly break out into a cancerous

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cerous fore. There were little lumps round the breast, and a gland enlarged in the axilla to the size of a chesnut, which looked as if absorption had taken place. I told her, that from the rapid increase and unfavourable appearance of the disease, her chance of a cure from the operation would be extremely uncertain. Her reply was, that she suffered such acute and almost constant pain, that she would run any risk. I operated in the manner already described, removing all the indurated glands. That in the axilla was deeper seated than it had appeared to be from the external feel. I likewise removed all that part of the skin which was discoloured. Still there was enough left to admit of a perfect approximation of the edges of the wound, which healed by the first intention. On cutting into the breast after it was removed, there appeared two cysts, one of which contained about three ounces of serum, and the other a curdled matter tinged with blood. Ulceration had taken place in the inside. Mr. Walshman, Surgeon, at Newington, saw this patient.

C A S E VI.

SOON after this, Elizabeth Benham of Prospect-row, Walworth, applied to me to remove her right breast. The account she gave of her case was, that as long as she could remember, she had perceived a small lump in her breast, which had gradually increased in size; and that about ten years before I saw her, she had taken the opinion of Mr. Smith, surgeon of St. Thomas's Hospital, who advised the removal of the diseased part; but that she did not choose to submit to an operation at a time when she suffered no inconvenience, except from its weight, and at times a dull heavy pain. The size of the tumour encreasing, and the pain becoming more acute, she was advised to see my learned friend and colleague, Dr. Sims, whose opinion agreed with that of Mr. Smith. The breast was very large, of an unequal surface, very knotty, and felt through its whole substance perfectly indurated. The veins of the skin were varicous, and the nipple was

was shrunk out of sight. She was forty-eight years old, and of a delicate constitution, but her general health was good. The edges of the wound were brought into contact, and retained by slips of sticking plaster. They united by the first intention, and the cicatrix was completely formed in ten days. She was only two days confined to her room, and walked out on the fourth.

WHEN she came to the dispensary to return thanks to Dr. Sims, whose opinion and reasoning had prevailed on her to submit to the operation; on seeing the breast, he expressed himself much pleased with a method of operating, by which the cure was so speedily effected, and deformity prevented. For the nipple having been preserved, and the cellular membrane soon after the operation filling with fat, it had not an appearance as if the breast had been removed.

THE breast weighed three pounds and ten ounces. On cutting into it, it was extremely hard and diseased through its whole substance, with several small cysts containing a yellow, gelatinous, curdled pus.

C A S E

C A S E VII.

A WIDOW applied to me, in the year 1781, concerning her breast, which was enlarged, and uneven in its surface, attended with irregular pains, shooting into the axilla and adjacent parts. Mr. Grindall, about half a year before had recommended the operation, which she would not then consent to; I told her the removal of it was the only thing from which she could expect relief, to which she consented.

THROUGH one incision, I carefully dissected away the diseased mass, which was so large as to leave almost the whole of the pectoral muscle bare. The wound united by the first intention, and she was perfectly well in twelve days, and continues so ever since.

MR. HADLEY (now settled in Derby) was present at the operation, and saw her daily for the time mentioned.

C A S E

C A S E VIII.

S OON after the former case, Elizabeth Auger, of Wandsworth road, about forty years of age, was admitted a patient at the Surrey Dispensary, under my care. The whole of her right breast was greatly enlarged, though the complaint had attacked her suddenly only three weeks before, without any external injury. Her countenance was pale and sickly, she was subject to indigestion, and frequent nausea; the disease was clearly a true scirrhus, hard to the touch, with frequent darting, pricking pains; diseased glands all round the breast, with a string of them extending into the axilla. The disease had increased so rapidly, that she was justly apprehensive of the consequences, and intreated me in the most earnest manner to perform the operation, and give her a chance for her life; I yielded to her importunate solicitations quite contrary to my judgement and opinion of the case, which was that it must end fatally. During this operation,
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while I was dissecting away the glands leading to, and those in the axilla, I was very much alarmed to find, (after the breast and a large gland in the axilla had been removed) that all the cellular membrane was diseased, and full of hard knots in every direction. Besides those that were dissected away with the breast, I removed an incredible number of them, from the size of a pea to that of a filbert, the edges of the wound were brought into contact, and healed in the usual time. She enjoyed perfect health for two months, and thought herself very fortunate; but her ease, comfort, and happiness were then suddenly interrupted, by a return of the disease. In this lamentable situation, she came again to me, with her breast nearly as large as before, and the symptoms nearly the same as I have already described, all which increased for another month; during which time, the largest doses of cicuta did her no service; I then told her, I had not the least hopes of her obtaining a cure, by any internal medicine, or external application; and as I feared it would not be in my power to remove the whole diseased mass, she had but little reason

to expect any benefit from having the operation repeated. She replied, that she had seen two of my patients, who were then in good health, whose breasts I had taken off; and as she suffered such constant and severe pain, she was resolved to undergo the operation a second time. I yielded to her intreaties, and Mr. Babington, of Guy's Hospital, did me the favour to assist at the operation.

THE skin of the breast was no way discoloured; but as the cicatrix from the former operation, adhered to the diseased mass, we made a double incision including it, in the same manner as when the skin is ulcerated. We dissected away every part that seemed in any degree diseased; and carefully removed all the affected glands in the axilla.

HER breast was perfectly healed in less than a fortnight, and she appeared to enjoy good health for three months after, at the expiration of which, the disease again appeared, and in a short time, shot out in different directions to a great size, large lumps or pieces frequently mortifying and sloughing away

away with the poultices that were then applied. In this miserable situation she lingered five months; in which time opium was tried, but soon lost its power, procuring neither sleep, nor alleviation of pain: thus worn out with want of rest, incessant pain, and hectic fever, she died.

C A S E IX.

JANE BROWN was admitted a patient at the Surrey Dispensary in the year 1782; she got a blow on her breast about ten years before, which continued to be painful for some days after the accident. The pain was succeeded by a hard tumor, which had been gradually increasing for the time above-mentioned, (notwithstanding the free use of hemlock,) and at the time I saw her, extended from the clavicle to the abdomen, and from the sternum to the axilla; the skin was puckered, the nipple was retracted, and the veins were varicous. She had taken a

great many medicines, under the care and direction of some of the faculty, and likewise had recourse to quacks, and had taken various specific nostrums, but all to no purpose. Being tired of these matters, and meeting with Elizabeth Benham, (case vi.) who had then been long recovered from the operation, and gave her an account of it; she resolved to have her breast taken off. I performed the operation in the presence of Mr. M'Dowell, of Shad Thames, Southwark, removing all that was diseased, and bringing the edges of the wound into contact. They were soon healed, and she remains perfectly well ever since. The size of this patient's breast was so enormous, that when the edges of the wound were laid in contact, there were several long and deep wrinkles, or furrows in the skin of the breast; but it soon contracted, and the unhandsome look from a number of loose flabby folds, soon went off, and she has now the appearance of a uniform round plump breast, so that when she has her stays on, a stranger cannot distinguish which breast has been amputated.

C A S E

C A S E. X.

IN the year 1782, a widow, about fifty years of age, asked my opinion concerning a hard tumor in her breast, supposed to be an occult cancer, which it appeared to be on examination, and at that time favourably circumstanced for the operation; I therefore gave it as my opinion, that nothing else would be of the least service, and advised her to submit to it as soon as possible. To this however she would not then consent, because her surgeon, (a gentleman in very extensive practice, both in surgery and midwifery,) had assured her, that her complaint might, in all human probability, remain dormant and inoffensive for many years; and that if she even did submit to the operation, the disease would return with more violence than before; that he had seen many instances of this kind, and that it was the opinion of the learned Dr. Monro, that the operation would not effect a cure. I told her, that notwithstanding it was then quiet, and partly

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ly free from pain, yet no person could pretend to say how long it would continue so; I must therefore advise her, by all means to have it removed in its present favourable state; and not wait till such alteration takes place, as would induce her to submit to the operation, when it would be more painful, and the prospect of its proving successful, not so great as at present; that I could not help differing from the opinion of Dr. Monro, because my own experience, as well as that of others who had much practice of this kind, made it appear, that the operation performed on proper subjects, generally proved successful, and that by far the greater number of those who submitted to it in time, enjoyed general good health for many years, or as long as they lived, without the least appearance of a return of the complaint.

BUT as these arguments did not then convince, or prevail on her to submit to the operation, I heard no more of her for six weeks, at the end of which time she sent for me. The breast was a good deal increased in size, her countenance was become fallow
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and wan, she had no appetite, and complained of intolerable pain; she informed me that the gentleman who had first seen her, desired her to consult another surgeon, who had given her mercury, and salivated her since I had last seen her. This treatment had produced in this case, (as well as in every other I had seen so treated,) a manifest increase of the disease, and all its symptoms: she submitted to the operation, at which Mr. Charles Montague, and Mr. James Stuart, (then my apprentice) were present. She was perfectly well in a fortnight.

C A S E XI.

MRS. ELIZABETH ELLIS, of Camberwell, sent for me in the Spring 1783, to examine her right breast. She said all the medical gentlemen that had seen it, agreed in the opinion of it's being a confirmed

firmed cancer. The operation had been recommended, but she never could make up her mind to submit to so horrid and painful an operation, which in the end might not prove successful; and to use her own words, this opinion was rivetted more firmly in her mind, from the sufferings of a neighbour of her's, who had undergone the operation, under the care of one of the first surgeons in town, and gave her a dreadful account of the pain of the operation, as well as the confinement and dressings for several months. These considerations had determined her to suffer the disease to carry her to the grave, until she heard of Mrs. Smith's case, before-mentioned, on this account, (and for other reasons with which I shall not trouble the reader) she had retracted her former opinion, and sent for me to perform the operation as soon as I thought proper; she thought excessive grief was the cause of her complaint; for soon after the death of her husband she perceived a small lump in her breast, which gradually increased till the time I saw her, it was then large and firmly attached to the pectoral muscle and ribs, and had a large
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cancerous sore round the nipple, attended with lancinating pains piercing through the tumor, which was hard, craggy, and uneven. She was corpulent and near sixty years of age. I told her that whatever might have been the cause of her complaint, it was my opinion that it was a true cancer, and that I feared she had too long deferred having the operation performed, and that she might not reap any advantage from it now, and therefore could not recommend it. Her answer was, that she was determined to have it off, as she could not be worse after the operation than she was then. From her pressing and anxious solicitations I suffered her to send for the family Surgeon, Mr. Green of Peckham, who accordingly met Mr. Haynes and me next morning. I performed the operation, including the cancerous sore in a double incision, and was obliged to cut away a considerable portion of the pectoral muscle and lay two of her ribs bare. The edges of the wound were brought into contact, they united, and the cicatrix was formed in the usual time.

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CASE

C A S E XII.

MR. RUMSEY, Surgeon at Amer-sham, in Buckinghamshire, had removed a scirrhus tumor of the breast, and dressed the wound in the usual way, but never could get it to heal. The ulcer encreased in size, and the whole breast became diseased. Some time after in January 1784, he saw me perform the operation I have recommended on a lady in the same county, and approving of it, acquainted me, if he could prevail on his patient, Mrs. Butcher of Beacon's-field, aged 54, to submit to a second operation, he would try my method. She consented, and I assisted at the operation, when Mr. Rumsey removed the whole breast, including a very large ulcer (above three inches in breadth) by the double incision. The patient being corpulent, and the breast naturally large, there was skin sufficient for the edges to be brought accurately into contact, which was accordingly done by Mr.

Rumsey

Rumsey, with great care and nicety. The parts healed up perfectly, in the usual time, nor has there been the least appearance of a return of the complaint, the patient having enjoyed a good state of health ever since.

C A S E XIII.

SOON after this a widow lady applied to me at the Dispensary. Her breast had been diseased for several years, during which time she had tried all the medicines usually recommended in such complaints, without experiencing any real advantage from them. About eight months before she applied to me, she had submitted to the operation, which was performed in the old way by an eminent Surgeon, who removed a large cancerous tumor, together with an oval piece of skin. The wound had never healed up; and when I first saw her, there was a foul cancerous ulcer about two inches in breadth,

exclusive of which the whole breast was diseased; and, to use her own words, was grown out much larger than before the first operation, and much larger than the breast that was not diseased. She, with great fortitude of her own accord, said she was willing to submit to the operation, performed according to my method, as she had no confidence in medicines. I removed the whole diseased mass by the double incision, brought the edges of the wound together, and it healed by the *first intention*; she has continued perfectly well ever since. Mr. Baxter, Surgeon of the Orestes frigate, and Mr. Ellison, were present at the operation.

C A S E XIV.

IN the year 1784, a lady, at the time of her menstrual flux becoming irregular, but being otherwise in good health, received a blow on her breast, a small hard lump
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was formed in the part, to which she paid no regard, for a fortnight after the accident, when it was about the size of a walnut. In the space of three months, it increased to the size of an egg; and at the end of three months more, it had increased to double the size, or was nearly as big as one's fist. By this time, the pain increased considerably, and, to use her own words, she felt a growing in the part, with pains shooting to the axilla and shoulders, which increased with the tumor, till the whole breast became affected; notwithstanding every remedy and application that could be thought of, had been tried, by regular and eminent practitioners, as well as by itinerant pretenders. The general progress of this disease is such as I have just now described; and so far as I have had opportunity to observe, I am led to believe it takes this course nineteen times in twenty. The lady finding no relief from any thing that had been done, much less any hopes of a radical cure, consented to the operation, which, being applied to for that purpose, I performed. Mr. Haire, Surgeon at Southminster in Essex, assisted. It is necessary to observe

observe here, concerning what happens in many other cases as well as in this, that there were some glands behind the edge of the pectoral muscle, between it and the axilla, indurated, yet very small, being only about the size of a horse-bean, all which I carefully removed.

UNLESS an operator be accustomed to the feel of such glands, and know where to search for them, he might readily pass them over, and suppose the parts there to be perfectly sound, the enlargement of these glands being very inconsiderable. The best method of searching for them, is to raise the patient's arm, and press the points of the fingers from the posterior edge of the pectoral muscle towards the axilla. If there be any diseased glands they will be found in the course of the lymphatics, gradually increasing and deeper seated as they extend into the axilla.

CASE

C A S E XV.

A LADY, twenty-six years of age, who had never been married, perceived a swelling in her right breast, but knew no cause to which it could be attributed, as the part had not been hurt by a blow, nor injured by any external violence. The complaint took the usual course described in other cases, till increase of pain and size obliged her to apply to Mr. Pott, who at that time (about three years ago) advised the immediate removal of the diseased part. To this she could not then be prevailed on to consent. But at length, she was convinced of the propriety of his advice, by a neighbouring lady at Guildford, who had been under the care of the first Cancer-Quack of the present time, from whose specious promises she was led to expect a radical cure in the space of six months, without undergoing any operation. During this time, instead of receiving any relief from the various nostrums and applications used, her complaint increased,

ed, till at length no hope could be entertained from the operation. She lingered a few months in dreadful torture, during which time she sent daily to enquire about Miss P—'s health, often requesting her to come to town and have the operation performed, before her case became so desperate, that she could entertain no hope from it. The account of the former lady's sufferings and death induced Miss P— at length to submit to the operation, but not till there was a large cancerous ulcer formed. Application was made to me, to perform the operation in this case, which I did in the presence of Mr. Crawford, Mr. Getty, and several other gentlemen of the faculty. She recovered, and is now in good health, without any appearance of a return of the disease.

C A S E XVI.

IN March 1785, a gentleman whose scrotum was enormously swelled, applied to Mr. Shuter of Southwark. The case being very
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curious and extraordinary, Mr. Shuter desired a consultation, to which the patient agreeing, I was called in. On the first view and examination, it appeared to me be a double hydrocele, accompanied with a farcocele on one side. On that side where I supposed the farcocele, there was a foul ulcer on the scrotum, with ragged uneven edges, from which appearances we supposed it to be cancerous. The swelling on both sides of the scrotum was so great, so prominent, and extended over the os pubis, that the penis was quite buried under it, the prepuce of which we could hardly get a sight of; and when he made water, it dribbled over the tumor, and frequently excoriated the scrotum, which was exceedingly distended. The tumor being so enormous, we could not form any clear and certain opinion concerning the nature of the case and the true state of the testes. But we agreed, that the first thing to be done was, to draw off the water on both sides by the trochar, in order to examine the state of the testes. This being done, we found the right testicle under the ulcer (the side on which we had supposed the farcocele,) to the feel,

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perfectly round, and of a natural size within the sack, and that the ulcer was at a considerable distance from this testicle. On the left side, where we supposed nothing more than a simple hydrocele, the testicle was so diseased, that the immediate removal of it was absolutely necessary. To this the patient consented, and I performed the operation. In dissecting it away, I found an adhesion to the septum scroti, through which I was obliged to cut. This produced an inflammation of the tunica vaginalis of the right testicle, which terminated in a radical cure of the hydrocele on that side. The ulcer of the scrotum not proving cancerous, but having been occasioned by the extreme distension of the part, the irritation produced by the urine and rubbing of the patient's clothes very soon healed, so that the patient was perfectly well at the end of three weeks, reckoning from the day I performed the operation.

C A S E XVII.

A FEW months after the foregoing case, Thomas Bell, of King John's Court, Bermondsey, was admitted a patient of the Surrey Dispensary, under my care. His complaint was exactly similar to that I have just described. There was a double hydrocele, but not quite so large as in the former case. There was also an ulcer on the scrotum, with ragged edges, extremely foul, foetid, and painful, in every respect resembling a real cancer. From the successful treatment of the foregoing case, I could not be at a loss how to proceed in this. Having drawn off the water, I found the testicle under the ulcer perfectly sound. But that on the other side was so diseased that I immediately removed it. There was no adhesion to the septum scroti, as in the former case: yet an inflammation of the tunica vaginalis on the opposite side took place, and produced a radical cure. The ulcer likewise soon healed; the cause which produced it (namely, a distension of the scrotum,) having been

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removed, the effect of course ceased. Mr. Baxter and Mr. Ellis were present and assisted me at the operation. Our patient has enjoyed an uninterrupted state of good health ever since.

O B S E R V A T I O N.

FROM the foregoing cases, it is evident, that we cannot always form a clear and just opinion, either by the appearance, or examination of the parts by handling, as the testicle we supposed diseased proved to be sound, and *vice versa*. Many Surgeons trust too much to the appearance and a slight feel or examination of the part, and suspect nothing but a simple hydrocele, where, by a more accurate examination, it might have been discovered to be complicated with a scirrhus or diseased testicle. When we can feel the body of the testicle enlarged in size, hard and uneven, there can be no doubt that it is diseased, and in such a state it requires a
much

much greater quantity of water to conceal it entirely from the touch, than what will conceal a sound testicle. But when the scrotum is so exceedingly distended with water that the body of the testicle cannot be felt, the history of the disease, how it was produced, and the pain attending it, and the weight of the part, (weighing it in the hand) are the principal rules to direct us in forming an opinion of the state of the testicle. If doubts still remain, the safest practice is to treat it as a simple hydrocele, which is attended with very little disadvantage, as the Surgeon can proceed to extirpation, if the scirrhus or diseased state of the testicle require it.

C A S E XVIII.

IN the month of October, 1785, the following case was sent by Mr. Robinson, assistant to Mr. Jones of Whitchurch, in Shropshire.

A CASE

A CASE of a scirrhus of the mamma occurred to Mr. Jones above two months ago. He had, when in London, about fourteen years ago, attended Mr. Else, who had strongly insisted in his lectures that there was no cure for those infections, and that the operation was only an additional pain given to the patient, without a probability of success. For that very reason he had never ventured to perform the operation. But having read your treatise on cancers, just at the time this case occurred, it induced him to recommend the operation, according to your method; to which the patient submitting, he performed it with success. The tumor was situated just under the nipple, quite indurated, but moveable. She had violent pains in the axilla, which extended along her arm. She was subject to a violent head-ach, with sickness and vomiting, particularly every morning. She laboured under all these symptoms for some months, had been in London, and had tried every medicine in vain. Finding no relief, she returned to the country, and applied to Mr. Jones, who, for the reasons before mentioned, advised and performed the

the operation according to your method. I hope it has answered his expectations, as the shooting pain in the axilla has not returned, and the head-ach and sickness have left her in a great degree. Part of the pectoral muscle was dissected away, which was unavoidable, the tumor adhered so strongly to it, yet notwithstanding she has perfectly recovered the use of her arm. As she sometimes complains of a lancinating pain in the part, is subject to complaints in her bowels, and her complexion of a fallow hue, I fear absorption had taken place, by her delaying to submit to the operation in time. Yet I would fondly hope I may be mistaken in my apprehensions.

I HAVE given the foregoing case in Mr. Robinson's own words, from whom I have not since had any further information of the patient's state of health. Had the disease returned, I think he would have acquainted me of it.

C A S E. XIX.

ON the 26th instant, while this pamphlet was in the press, I received the following case, from Mr. Cheston, Surgeon to the Gloucester infirmary, and Fellow of the Royal Society; a gentleman as well known in the literary world, as he is distinguished and respected in that part of the kingdom where he resides, as the most eminent practitioner. As the accuracy and ingenuity with which he has stated it, render the least alteration unnecessary, I give it literally in his own words.

IN the spring of 1785, Mrs. M. consulted me for a very large, hard, and painful tumor in the right breast, attached to the integuments around the nipple, immediately under which there was a superficial ulceration about the size of a shilling, from whence issued a bloody discharge in considerable quantity.

As the tumor was perfectly moveable, without the least affection in the axilla, or
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any of the neighbouring glands, and as she appeared in the most perfect health, I urged the immediate removal of it, as the only chance of her avoiding the miseries which then threatened her. It was however upwards of three months before she could absolutely determine to submit to it; when having fixed on the 27th of July, I performed the operation on that day, in the presence of Mr. Naylor, one of the Surgeons to the Gloucester Infirmary, and of Mr. Browne, a Surgeon of very extensive practice at Minchin-Hampton, in whose neighbourhood the patient lived, and under whose care she was to continue.

As my intention was to attempt the cure by the method in which you had been successful, I began my incision sufficiently free, that I might not be confined for room, and terminating it somewhat in the form of a triangle, included the nipple with the whole of the diseased integuments which surrounded it. Being particularly careful after the extirpation of the tumor, to remove every suspicious appearance, the pectoral muscle was

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laid bare in several places, from being obliged to carry my dissection very high up, for the removal of a kind of condensed cellular membrane, which however was probably more the effect of the dragging weight of the breast, than any communication of disease from the enlarged gland. Many vessels bled very freely in the course of the dissection, but I did not think it necessary to use but one ligature.

As she had naturally a very large breast, the quantity of the integuments which remained was amply sufficient to give us every prospect of success; and securing them when brought together by small compresses of cloth properly situated for that purpose, the whole was confined by a circular bandage as usual around the chest.

VISITING my patient on the fourth day afterwards, I had the pleasure, upon removing the dressing, of finding the most promising union in every part, unless where the ligature was suffered to remain. And as the subsequent care devolved on Mr. Browne, I
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had the further satisfaction of hearing from him, that a small discharge continued a few days till the ligature threw off, and that the cicatrix was completely formed at the end of a fortnight.

THUS far every circumstance answered, I may say exceeded, my most sanguine expectations, and she continued perfectly well till the middle of January 1786, when she caught a severe cold, which was succeeded by a troublesome cough and tightness on her breath. About the latter end of this month she found some uneasiness in her left breast, which upon examining attentively, she perceived considerably fuller than formerly, and with a hardness in every respect similar to the complaint in the right breast when in its incipient state. Soon afterwards finding some disagreeable sensations about the centre of the part, from whence the induration had been extirpated, she there found a knot equalling a Spanish nut, and upon a more diligent search, a small substance in the right axilla, of which she had never had the least previous notice ;

as well as several enlarged glands on each side the neck immediately above the clavicle.

As she lived at a distance from Gloucester, and had once made a journey to consult me on her alarming situation, when I happened to be from home; I took the opportunity, when visiting a patient in the neighbourhood on the 15th instant, of calling on her, and found matters as above described, the hardneſſes not having made much advance of late, but the cough and tightneſs on her breath occaſionally affecting her ſo much, that ſhe could not walk upon level ground without great inconvenience, nor up hill without a threatening ſuffocation.

THOUGH my patient is at preſent in this unfortunate ſituation, I do not conſider it in the leaſt to militate againſt the mode of operation. When we oppoſe the eaſe and expedition of the cure to the immenſe ſize of a wound after the extirpation of a tumor which weighed near three pounds and a half, and compare it with the pain, time, and diſtreſſing

sing circumstances which would necessarily have attended a large ulcerated surface in the usual mode of operating, the improvement cannot but recommend itself in the strongest degree.

I OBSERVED at first that I did not see Mrs. M. for some time before the day of the operation. Upon talking with her immediately on my arrival at her house, I found the remains of an eruption on her skin, which she attributed to a former surfeit, but which I could not help expressing my fears to the gentlemen in attendance with me, to arise from an unfortunate absorption, which of itself might possibly counteract our success, as I had in several instances seen an erisipelas about the bosom, with general efflorescence, mark that circumstance, and prove a certain fore-runner of impending mischief and danger. This remark I submit to future attention, as an object highly worthy of notice; for though the glands in the neighbourhood of a cancerous tumor are often found affected, without any symptom whatever to denote
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the time absorption took place, yet I have never seen the circumstance above-mentioned, without an almost immediate change for the worse in every respect.

Gloucester, June 25th, 1786.

To the cases already given, I might add many others received from different parts of the kingdom. But this pamphlet has already so much exceeded the bounds I intended, that I am obliged to stop here, suppressing many successful cases. This, I hope, will be accepted as a sufficient apology, by those gentlemen, who have favoured me with cases.

THESE two I have selected from a great number, it being my wish and intention not to conceal from the public any one that had the least appearance of terminating unfavourably.

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R E M A R K S.

THE foregoing cases are selected, being the worst in which I have operated, and shewing at what an advanced state of the disease, the operation may be attended with success. Many others might be added of a milder nature, which of course were all successful. But those I have given sufficiently prove the advantages of the methods of operating, I have described, and justify the manner in which I have spoken of them, in the former part of this treatise. I have given two cases which quickly proved fatal, though no operation was performed. These cases shew the propriety of having recourse to the operation in time. I have likewise given an unsuccessful case in which I performed the operation, viz. that of Elizabeth Auger; and even from that case, the practicability and advantage of uniting the parts by the first intention appears, which succeeded in the
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second operation, as well as in the first, tho' a considerable portion of the integuments was removed by the double incision: I venture to say, that this and one other since the first edition of this pamphlet, are the only unsuccessful cases, as the other patients are all at this time living, and, without exception, free from any appearance of a relapse.

UPON the whole, I cannot help regarding this immediate union of the parts by the first intention, and the speedy cicatrization of the wound in ten or twelve days, as the two great effects resulting from these operations, and the advantages arising therefrom as invaluable. Whether among other good effects they have a tendency to prevent a return of the disease, time and experience must determine. This we know for certain, that in the usual method of amputating the breast, a wound of a large surface is made, which by the application of lint, and the skin being allowed to retract, becomes considerably larger by the time it is first dressed, than it was immediately after the operation.

BESIDE

BESIDE the greater sufferings of the patient, much time is lost in the healing up of this wound, generally three months or more; in many cases it never can be healed intirely; but when it comes to the breadth of a shilling, spreads out afresh, and the disease returns, or perhaps is thereby reproduced.

C O N C L U S I O N.

I HAVE now only to add, that I humbly offer the operations I have described to the public under no patronage whatever, but trust to the advantages which by experience may be found to result from them. Should they be thought any way conducive to the improvement of the chirurgical art, and by being brought into general use, prove beneficial to my fellow creatures, in diminishing pain, greatly shortening confinement, accelerating the healing of the part, and

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thereby adding considerably to the hopes of a cure ; I shall think myself amply recompensed for the trouble taken in drawing up this little treatise ; and shall ever reflect on the time employed in this humble attempt, as the best spent time of my whole life.

F I N I S.